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A SYSTEM APPROACH TO NAVY MEDICAL EDUCATION AND TRAINING. APPEN--ETC(U)

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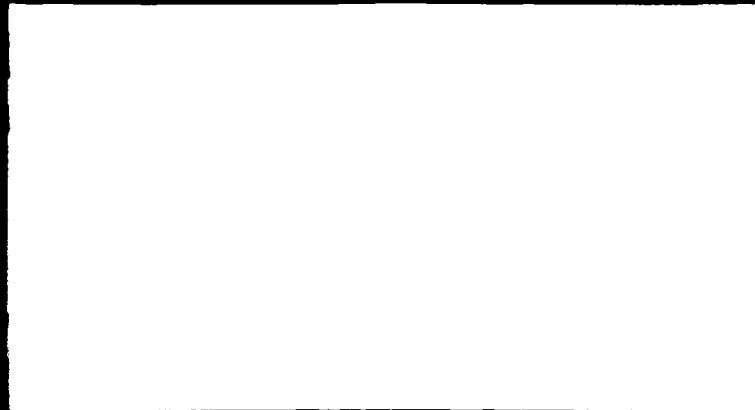
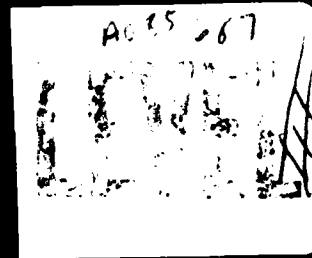
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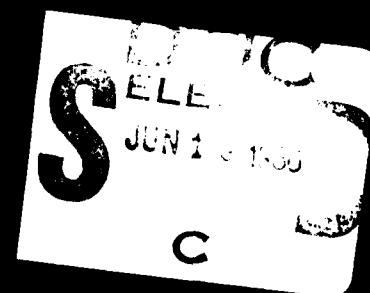
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APPENDIX 12.

GENERAL DUTY CORPSMAN

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APPLICATION OF A SYSTEM APPROACH
U.S. NAVY MEDICAL DEPARTMENT
EDUCATION AND TRAINING PROGRAMS
FINAL REPORT

Prepared under Contract to
OFFICE OF NAVAL RESEARCH
U.S. DEPARTMENT OF THE NAVY

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Program Manager
Education and Training R&D
Bureau of Medicine and Surgery (Code 71G)

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| 4. TITLE (and Subtitle) A System Approach to Navy Medical Education and Training. Appendix 12. General Duty Corpsman. | | 5. TYPE OF REPORT & PERIOD COVERED FINAL REPORT. |
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| 20. ABSTRACT (Continue on reverse side if necessary and identify by block number) The study objective consisted of a determination of what the health care personnel in the Navy's Medical Department, Bureau of Medicine and Surgery actually do in their occupations; improving the personnel process (education and training); and building a viable career pathway for all health care personnel. Clearly the first task was to develop a system of job analyses applicable to all system wide health care manpower tasks. A means of postulating simplified occupational clusters covering some 50 | | |

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currently designated Navy enlisted occupations, 20 Naval Enlisted Classification Codes (NEC's) were computerized. A set of 16 groupings that cover all designated occupations was developed so as to enhance the effectiveness of professionals and sub-professionals alike.

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FOREWORD

The project, "Application of a System Approach to the Navy Medical Department Education and Training Programs," was initiated in May of 1969 as a realistic, comprehensive response to certain objectives set forth in ADO 43-03X, and to memoranda from both the Secretary of Defense and the Assistant Secretary of Defense, Manpower and Reserve Affairs. The Secretary's concern was stated in his memorandum of 29 June 1965, "Innovation in Defense Training and Education." More specific concerns were stated in the Assistant Secretary's memorandum of 14 June 1968, "Application of a System Approach in the Development and Management of Training Courses." In this he called for "vigorous and imaginative effort," and an approach "characterized by an organized training program with precise goals and defined operational interrelation among instructional system components." He also noted, "Job analyses with task descriptions expressed in behavioristic terms are basic and essential to the development of precise training goals and learning objectives."

The Project

System survey and analysis was conducted relative to all factors affecting education and training programs. Subsequently, a job-analysis sub-system was defined and developed incorporating a series of task inventories "...expressed in behavioristic terms..." These inventories enabled the gathering of job activity data from enlisted job incumbents, and data relating to task sharing and delegation from officers of the Medical, Nurse and Dental Corps. A data management sub-system was devised to process incumbent data, then carry out needed analyses. The development of initial competency curricula based upon job analysis was implemented to a level of methodology determination. These methods and curriculum materials constituted a third (instructional) sub-system.

Thus, as originally proposed, a system capability has been developed in fulfillment of expressed need. The system, however, remains untested and unevaluated. ADO 43-03X called for feasibility tests and cost-effectiveness determination. The project was designed to so comply. Test and evaluation through the process of implementation has not proved feasible in the Navy Medical Department within the duration of the project. As designed and developed the system does have "...precise goals and defined operational interrelation among instructional system components." The latter has been achieved in terms of a recommended career structure affording productive, rewarding manpower utilization which bridges manpower training and health care delivery functions.

Data Management Sub-System

Job analysis, involving the application of comprehensive task inventories to thousands of job incumbents, generates many millions of discrete bits of response data. They can be processed and manipulated only by high speed computer capability using rigorously designed specialty programs. In addition to numerical data base handling, there is the problem of rapidly and accurately manipulating a task statement data base exceeding ten thousand carefully phrased behavioral statements. Through the use of special programs, task inventories are prepared, printouts for special purposes are created following a job analysis application, access and retrieval of both data and tasks are efficiently and accurately carried out, and special data analyses conducted. The collective programs, techniques and procedures comprising this sub-system are referred to as the Navy Occupational Data Analysis Language (NODAL).

Job Analysis Sub-System

Some twenty task inventory booklets (and associated response booklets) were the instruments used to obtain job incumbent response data for more than fifty occupations. An inventory booklet contains instructions, formatted questions concerning respondent information ("bio-data"), response dimension definitions, and a list of tasks which may vary in number from a few hundred to more than a thousand per occupational field.

By applying NODAL and its associated indexing techniques, it is possible to assemble modified or completely different inventories than those used in this research. Present inventories were applied about three years ago. While they have been rendered in operational format, they should not be re-applied until their task content is updated.

Response booklets were designed in OPSCAN mode for ease of recording and processing responses.

Overall job analysis objectives and a plan of administration were established prior to inventory preparation, including the setting of provisional sample target sizes. Since overall data attrition was forecast to approximate twenty percent, final sample and sub-sample sizes were adjusted accordingly. Stratified random sampling techniques were used. Variables selected (such as rating, NEC, environment) determined stratifications, together with sub-population sizes. About fifteen percent of large sub-populations were sought while a majority or all members of small sub-populations were sought.

Administration procedures were established with great care for every step of the data collecting process, and were coordinated with sampling and data analysis plans. Once set, the procedures were formalized as a protocol and followed rigorously.

Instructional Sub-System

Partial "competency curricula" have been composed as an integral sub-system bridging what is required as performance on the job with what is, accordingly, necessary instruction in the training process. Further, curriculum materials were developed to meet essential requirements for implementing the system so that the system could be tested and evaluated for cost effectiveness. However, due to the fact that test and evaluation was not feasible in the Navy Medical Department within the duration of the project, it was not possible to complete the development of the system through the test and evaluation phase. The inability to complete this phase also interrupted the planned process for fully developing the curricula; therefore, instead of completed curricula ready for use in the system, the curricula were partially developed to establish the necessary sub-system methodology. The competency curricula are based on tasks currently performed by job incumbents in 1971. (The currency of a given curriculum depends upon periodic analysis of incumbents' jobs, and its quality control resides in the evaluation of the performance competency of the program's graduates.)

A competency curriculum provides a planned course of instruction or training program made up of sequenced competency units which are, in turn, comprised of sequenced modules. These modules, emphasizing performance objectives, are the foundation of the curriculum.

A complete module would be comprised of seven parts: a cluster of related tasks; a performance objective; a list of knowledges and skills implied by the objective; a list of instructional strategies for presenting the knowledges and skills to the learner; an inventory of training aids for supporting the instructional strategies; a list of examination modes; and a statement of the required training time. In this project, curriculum materials have been developed to various levels of adequacy, and usually comprise only the first three parts; the latter four need to be prepared by the user.

The performance objective, which is the most crucial part of the module, is the basis for determining curriculum content. It is composed of five essential elements: the stimulus which initiates the behavior; the behavior; the conditions under which the behavior takes place; the criteria for evaluating the behavior; and the consequence or results of the behavior. A sixth element, namely next action, is not essential; however, it is intended to provide linkage for the next behavior.

Knowledges and skills listed in the module are those needed by the learner for meeting the requirements of the performance objective.

Instructional strategies, training aids, examination modes and training time have been specified only for the Basic Hospital Corps Curriculum. The strategies, aids and modes were selected on the basis of those considered to be most supportive in presenting the knowledges and skills so as to provide optimum learning effectiveness and training efficiency. The strategies extend from the classroom lecture as traditionally presented by a teacher to the more sophisticated mediated program for self-instruction. The training aids, like strategies, extend from the traditional references and handout material in the form of a student syllabus to mediated programs for self-instruction supported by anatomical models. Examination modes extend from the traditional paper and pencil tests to proficiency evaluation of program graduates on the job, commonly known as feedback. Feedback is essential for determining learning effectiveness and for quality control of a training program. The kind of instructional strategies, training aids and examination modes utilized for training are limited only by such factors as staff capability and training budget.

The training time specified in the Basic Hospital Corps Curriculum is estimated, based upon essential knowledge and skills and program sequence.

The competency curriculum module, when complete, provides all of the requirements for training a learner to perform the tasks set forth in the module. A module may be used independently or related modules may be re-sequenced into modified competency units to provide training for a specific job segment.

Since the curricula are based upon tasks performed by job incumbents in 1971, current analysis of jobs needs to be accomplished using task inventories that have been updated to reflect changes in performed tasks. Subsequent to job analysis, a revision of the curricula should be accomplished to reflect task changes. When the foregoing are accomplished, then faculty and other staff members may be indoctrinated to the competency curricula and to their relationship to the education and training system.

In addition to the primary use for the systematic training of job incumbents, these curricula may be used to plan for new training programs, develop new curricula, and revise existing curricula; develop or modify performance standards; develop or modify proficiency examinations; define billets; credentialize training programs; counsel on careers; select students; and identify and select faculty.

The System

Three sub-systems, as described, comprise the proposed system for Education and Training Programs in The Navy Medical Department. This exploratory and advanced developmental research has established an overall methodology for improved education and training incorporating every possible means of providing bases for demonstrating feasibility and cost effectiveness. There remains only job analysis sub-system updating, instructional sub-system completion, and full system test and evaluation.

Acknowledgements

The authors wish to acknowledge the invaluable participation of the several thousands of Naval personnel who served as respondents in inventory application. The many military and civilian personnel who contributed to developmental efforts are cited by name in the Final Report.

The authors also wish to acknowledge former colleagues for singularly important contributions, namely, Elias H. Porter, Ph.D., Carole K. Kauffman, R.N., M.P.H., Mary Kay Munday, B.S.N., R.N., Gail Zarren, M.S.W., and Renee Schick, B.A.

Identity and acknowledgement of the project Advisory Group during the project's final year is recorded in the Final Report.

Lastly, the project could not have been commenced nor carried out without the vision, guidance and outstanding direction of Ouida C. Upchurch, Capt., NC, USN, Project Manager.

NAVY MEDICAL DEPARTMENT

TASK INVENTORY BOOKLET

GENERAL CORPSMAN

CONSTRAINTS AND ETHICAL USE

This task inventory was developed three years ago in a first-version key punch format for education and training research purposes.

The present "operational" format, using a mark-sense response booklet (Opscan), is recommended for future applications. The task and equipment statements comprising the bulk of the inventory are precisely the same (less duplicate entries) as in the original research tools but rearranged for Opscan mode. Biographical data questions have also been reformatted for Opscan (NEC codes should be updated).

The processing, administering and formatting of this inventory have thus been readied for operational application.

It is strongly recommended that this inventory be updated in its task and equipment statement sections before actual operational use. These reasons pertain:

- Changes in medical or related procedures or techniques
- Some tasks may violate current policy or be obsolete
- Equipment changes may have occurred
- The objective of task comprehensiveness may change
- Objectives may shift to embrace manpower utilization as well as education and training

In the latter regard, the present operational format includes a "time to perform" dimension (as well as frequency of performance and two additional optional blank response dimension fields). As a response dimension, "time to perform" has been validated within the context of inventories for professional personnel where the objectives embraced utilization (i.e., time associated with shared and delegable tasks). The original Enlisted inventory content was directed to education and training factors only. If "time to perform" is to be used operationally, each task and equipment statement should be examined by expert job incumbents to remove possible overlaps which could confound "time to perform" data. This review process would also serve other purposes cited above.

A general precaution is in order.

When task analysis inventories are poorly prepared, loosely administered, administered according to less than rigorous sampling, or are handled casually in processing or interpretation, they will inevitably produce poor or questionable data, at best. At worst, such practices will result in loss of money and time, and produce dangerous data. Inventories should be prepared, applied, processed and interpreted only by knowledgeable professional and technical personnel. As in the cases of ethically controlled behavior tests, inventories should not be casually copied or distributed, and should remain under the control of authorized, trained personnel. Factors effecting reliability and validity should be fully appreciated.

GENERAL INSTRUCTIONS

There are two parts to be completed for this survey:

- Part I Career Background Information
 (answers to be recorded in this
 TASK BOOKLET)

- Part II A List of Tasks (answers to be
 recorded on the accompanying
 RESPONSE BOOKLET)

- B List of Instruments and
 Equipment (answers to be
 recorded on the accompanying
 RESPONSE BOOKLET)

Each part is preceded by a set of instructions. Be sure to read them carefully before you start answering each part. All instructions are found on the tinted pages.

PLEASE USE ONLY NUMBER 2 LEAD PENCILS. ERASE ALL CHANGES CAREFULLY AND COMPLETELY. DO NOT PUT ANY MARKS OTHER THAN YOUR ANSWERS ON EACH RESPONSE PAGE.

DO NOT FOLD, WRINKLE, CREASE OR DETACH PAGES FROM EITHER TASK BOOKLET OR RESPONSE BOOKLET.

WHEN RECORDING YOUR ANSWERS YOU MAY WANT TO USE A RULER TO READ ACROSS ANSWER AND QUESTION COLUMNS.

WHEN YOU HAVE COMPLETED YOUR RESPONSES, PUT THE TASK INVENTORY BOOKLET AND THE RESPONSE BOOKLET IN THE ENCLOSED SELF-ADDRESSED ENVELOPE. SEAL AND RETURN TO THE OFFICER WHO GAVE YOU THIS PACKAGE. COMPLETED BOOKLETS SHOULD BE RETURNED WITHIN ONE WEEK OF RECEIPT.

Part I

CAREER BACKGROUND INFORMATION

Check that the Form and Serial Number in this box match those on the cover of this Booklet

Please fill out completely

Name of your Duty Station _____

City & State (if applicable) _____

Your Name _____

Social Security Number _____

DO NOT FILL IN

N
Form Serial No.

(1)

(7)

(14)

PLEASE ANSWER QUESTIONS BELOW BY ENTERING THE PROPER NUMBER IN THE BLANKS PROVIDED. TWO BLANKS REQUIRE A TWO-DIGIT ANSWER. DISREGARD NUMBERS IN PARENTHESIS.

ENTER
ANSWERS
HERE

Q1. Select the number to indicate the Corps to which you belong:

1. Dental Technician
2. Hospital Corps

Q1.____ (23)

Q2. Indicate your military status:

1. USN
2. USNR

Q2.____ (24)

Q3. Indicate your pay grade:

1. E1
2. E2
3. E3
4. E4
5. E5
6. E6
7. E7
8. E8
9. E9

Q3.____ (25)

Q4. Indicate your total years of active duty in the Navy to date: (estimate to the nearest year)

1. Less than 2 years
2. 2 to 4 years
3. 5 to 8 years
4. More than 8 years

Q4.____ (26)

| | | ENTER ANSWERS HERE |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Q5. | Select the number to indicate your present immediate supervisor: | Q5.____ (27) |
| | 1. Physician 2. Dentist 3. Nurse 4. MSC Officer 5. HM or DT 6. Other (Specify) _____ | |
| Q6. | Select the number to indicate the average number of hours you work per week: (estimate to the nearest hour) | Q6.____ (28) |
| | 1. 35 to 40 hours 2. 41 to 50 hours 3. More than 50 hours | |
| Q7. | Please give an estimate of the percent of time you spend on the following (write five percent as <u>05</u>): | Q7. |
| | 1. Inpatient care 2. Outpatient care 3. Teaching 4. Administration 5. Other (specify) _____ | 1._____% (29) 2._____% (31) 3._____% (33) 4._____% (35) 5._____% (37) |
| Q8. | Assuming that most or all of the following factors are of importance to you, select the three which, if improved, would contribute <u>most</u> to your job satisfaction: | Q8.____ (39) |
| | 01 Salary and/or promotion opportunities 02 Retirement benefits 03 Housing 04 Educational advancement opportunities 05 Stability of tour of duty 06 Physical facilities and equipment 07 Administrative and clerical support 08 Work load 09 Personal career planning 10 Opportunity to attend professional meetings | ____ (41) ____ (43) |

ENTER
ANSWERS
HERE

- Q9. Using the list on page vii specify your current NEC by writing the last two digits of the CODE. Q9. __ __ (45)
- Q10. Select the number to indicate your years of experience corresponding to the NEC stated in Q9: (estimate to the nearest year) Q10. __ __ (47)
1. Less than 1 year 4. 6 to 10 years
2. 1 to 2 years 5. 11 to 15 years
3. 3 to 5 years 6. More than 15 years
- Q11. If you have other NEC(s) in addition to the one specified in Q9, check page vii and indicate the last two digits of the CODE(s). If you have none, enter "99" in answer space for Q11 and Q12. Q11a. __ __ (48)
b. __ __ (50)
- Q12. Select the number to indicate the years of experience you had in the NEC(s) stated in Q11 (estimate to the nearest year). Q12a. __ __ (52)
b. __ __ (53)
1. Less than 1 year 4. 6 to 10 years
2. 1 to 2 years 5. 11 to 15 years
3. 3 to 5 years 6. More than 15 years
- Q13. From the list below, write the two-digit CODE to indicate the specialty of the department in which you are currently functioning. Q13. __ __ (54)

CODE

- | | |
|--------------------------|--------------------|
| 01 Administration | 18 Urology |
| 02 Education | 19 Intensive Care |
| 03 Anesthesiology | 20 Operating Room |
| 04 Coronary Care | 21 Emergency Room |
| 05 Dermatology | 00 Other (specify) |
| 06 Medicine - OPD | |
| 07 Medicine - Wards | |
| 08 Obstetrics/Gynecology | |
| 09 Ophthalmology | |
| 10 Orthopedics | |
| 11 Otolaryngology | |
| 12 Medical Laboratory | |
| 13 Pediatrics | |
| 14 Psychiatry | |
| 15 Public Health | |
| 16 Radiology | |
| 17 General Surgery-Wards | |

ENTER
ANSWER
HERE

Q14. Select the number to indicate the type of duty station at which you currently work, and have been working for at least 30 days:

Q14. __

(56)

1. Hospital
2. Dispensary
3. Aboard ship/sub, no M.O. (or D.O.) aboard
4. Aboard ship/sub, M.O. (or D.O.) aboard
5. Aviation squadron/wing, Navy or Marine
6. Marine ground forces
7. Administrative Commands
8. Research Commands or PMUs
9. Dental Clinic
0. Other _____

Q15. Indicate the number of people you normally supervise:

Q15. __

(57)

- | | |
|---------|------------|
| 0. None | 3. 6-10 |
| 1. 1-2 | 4. 11-20 |
| 2. 3-5 | 5. over 20 |

MEDICAL/DENTAL NEC (NAVAL ENLISTED CODE) AND TITLE

0000 General Service, Hospital or Dental Corpsman
3371 Health Physics & Process Control Technician
3391 Nuclear Power Plant Operator
8402 Nuclear Submarine Medicine Technician
8403 Submarine Medicine Technician
8404 Medical Field Service Technician
8405 Advanced Hospital Corps Technician (Class B)
8406 Aviation Medicine Technician
8407 Nuclear Medicine Technician
8408 Cardiopulmonary Technician
8409 Aviation Physiology Technician
8412 Clinical Laboratory Assistant Technician
8413 Tissue Culture Technician
8414 Clinical Chemistry Technician
8415 Medical Technology Technician
8416 Radioactive Isotope Technician
8417 Clinical Laboratory Technician
8432 Preventive Medicine Technician
8433 Tissue Culture and Tissue Bank Technician
8442 Medical Administrative Technician
8452 X-ray Technician
8453 Electrocardiograph/Basal Metabolism Technician
8454 Electroencephalograph Technician
8462 Optician (General) Technician
8463 Optician Technician
8466 Physical and Occupational Technician
8472 Medical Photography Technician
8482 Pharmacy Technician
8483 Operating Room Technician
8484 Eye, Ear, Nose, & Throat Technician
8485 Neuropsychiatry Technician
8486 Urological Technician
8487 Occupational Therapy Technician
8488 Orthopedic Appliance Mechanic
8489 Orthopedic Cast Room Technician
8492 Special Operations Technician
8493 Medical Deep Sea Diving Technician
8494 Physical Therapy Technician
8495 Dermatology Technician
8496 Embalming Technician
8497 Medical Illustration Technician
8498 Medical Equipment Repair Technician
8703 DT General, Advanced
8707 DT Field Service
8713 DT Clinical Laboratory
8714 DT Research Assistant
8722 DT Administrative
8732 DT Repair
8752 DT Prosthetic, Basic
8753 DT Prosthetic, Advanced
8765 DT Maxillofacial Prosthetic

RESPONSE BOOKLET INSTRUCTIONS

- To complete Part II, you need this TASK BOOKLET and the accompanying RESPONSE BOOKLET. Record all your answers to Part II in the RESPONSE BOOKLET.
- All pages of the RESPONSE BOOKLET are machine readable. In order for responses to be properly read, please be sure to:
 1. Use a No. 2 pencil only
 2. Carefully and completely shade the number corresponding to your answer under each column.
- Complete Page 00 of the RESPONSE BOOKLET first. Follow instructions given on the page. Fill in Line 1, and Boxes 2, 3, 4, and 5. Ignore all other boxes. BE SURE TO ENTER YOUR SOCIAL SECURITY NUMBER (WRITE DOWNWARD) IN THE BLANK SPACES IN BOX 3: then darkly shade the corresponding number on each line. An example of a completed Page 00 is shown on the next page (the handwritten notes in this example are for clarification only. Please do not make similar notes on your RESPONSE BOOKLET.)
- After completing Page 00, carefully read and follow instructions given on pages x through xiv.
- PLEASE HANDLE YOUR RESPONSE BOOKLET CAREFULLY. KEEP IT CLEAN AND AWAY FROM CHEMICALS. DO NOT DETACH, FOLD, WRINKLE OR CROSS OUT ANY PAGE.

| | | | | |
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| DO NOT MARK IN THESE BOXES | 0 1 2 3 4 5 6 7 8 9 | 0 1 2 3 4 5 6 7 8 9 | 0 1 2 3 4 5 6 7 8 9 | 0 1 2 3 4 5 6 7 8 9 |
| | 0 1 2 3 4 5 6 7 8 9 | 0 1 2 3 4 5 6 7 8 9 | 0 1 2 3 4 5 6 7 8 9 | 0 1 2 3 4 5 6 7 8 9 |
| | RESPONSE BOOKLET | | | |
| | Serial No. 0233 | | | |

my name is

1 NAME

Mary Smith

Ignore these boxes

| INSTRUCTIONS | |
|--------------|----------------------------------------------------------------------------------------|
| 1. | Use No. 2 pencil ONLY. |
| 2. | Indicate responses with solid black mark in space provided. |
| 3. | Erase COMPLETELY all changes. |
| 4. | Do not detach forms from packet. |
| 5. | Answer questions 2 through 5 below. |
| 6. | See Task Statement Booklet for further instructions for completing boxes to the right. |

Today is June 4, 1972
June = 06
1972 = 72

| | | |
|----------------------|-------|---------------------|
| 2 TODAY'S DATE | MONTH | 0 1 2 3 4 5 6 7 8 9 |
| | DAY | 0 1 2 3 4 5 6 7 8 9 |
| | YEAR | 0 1 2 3 4 5 6 7 8 9 |
| | YEAR | 0 1 2 3 4 5 6 7 8 9 |

my Soc. Sec. No. is
304-26-4751

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| | 9 | 0 1 2 3 4 5 6 7 8 9 |
| | 7 | 0 1 2 3 4 5 6 7 8 9 |
| | 5 | 0 1 2 3 4 5 6 7 8 9 |
| | 1 | 0 1 2 3 4 5 6 7 8 9 |

SEE COVER OF YOUR TASK BOOKLET Form Nao, Ser. No. 0233

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| 4 TASK BOOKLET | FORM | A B C D E F G H I J K L M N O P Q R S T U V W X Y Z |
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| | | 0 1 2 3 4 5 6 7 8 9 |
| | | 0 1 2 3 4 5 6 7 8 9 |

my birthday is May 10, 1940
May = 05 1940 = 40

| | | |
|--------------------------|-------|---------------------|
| 5 DATE OF BIRTH | MONTH | 0 1 2 3 4 5 6 7 8 9 |
| | DAY | 0 1 2 3 4 5 6 7 8 9 |
| | YEAR | 0 1 2 3 4 5 6 7 8 9 |
| | YEAR | 0 1 2 3 4 5 6 7 8 9 |

**TASK ANALYSIS BACKGROUND
DATA SHEET**

| | | | |
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| SEE TASK STATEMENT BOOKLET FOR INSTRUCTIONS TO COMPLETE BOOKLET | 6 | 0 1 2 3 4 5 6 7 8 9 | 13 0 1 |
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| | | 0 1 2 3 4 5 6 7 8 9 | 15 0 1 |
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| | 7 | 0 1 2 3 4 5 6 7 8 9 | 17 0 1 |
| | | 0 1 2 3 4 5 6 7 8 9 | 18 0 1 |
| | | 0 1 2 3 4 5 6 7 8 9 | 19 0 1 |
| | | 0 1 2 3 4 5 6 7 8 9 | 20 0 1 |
| | 8 | 0 1 2 3 4 5 6 7 8 9 | 21 0 1 |
| | | 0 1 2 3 4 5 6 7 8 9 | 22 0 1 |
| | | 0 1 2 3 4 5 6 7 8 9 | 23 0 1 |
| | | 0 1 2 3 4 5 6 7 8 9 | 24 0 1 |
| 9 | 0 1 2 3 4 5 6 7 8 9 | 25 0 1 | |
| | 0 1 2 3 4 5 6 7 8 9 | 26 0 1 | |
| | 0 1 2 3 4 5 6 7 8 9 | 27 0 1 | |
| | 0 1 2 3 4 5 6 7 8 9 | 28 0 1 | |
| 10 | 0 1 2 3 4 5 6 7 8 9 | 29 0 1 | |
| | 0 1 2 3 4 5 6 7 8 9 | 30 0 1 | |
| 11 | 0 1 2 3 4 5 6 7 8 9 | 31 0 1 | |
| | 0 1 2 3 4 5 6 7 8 9 | 32 0 1 | |
| 12 | 0 1 2 3 4 5 6 7 8 9 | 33 0 1 | |
| | 0 1 2 3 4 5 6 7 8 9 | 34 0 1 | |

Ignore these boxes

PART II

PART II A LIST OF TASKS

PART II B LIST OF INSTRUMENTS AND EQUIPMENT

HOW TO RESPOND TO TASK STATEMENTS AND INSTRUMENTS

Your responses to each statement should be marked on the corresponding page, column and item number in your RESPONSE BOOKLET.

Note that each page in your RESPONSE BOOKLET has two response blocks. The left-hand block (items 1-25) is for entering responses to statements printed on LEFT pages of this TASK BOOKLET; the right-hand block (items 26-50) is for the responses to statements printed on RIGHT pages. Make sure that your answers are recorded in the appropriate block on every page. DO NOT MAKE ANY MARKS OTHER THAN YOUR ANSWERS!

Each time you start a new page in your RESPONSE BOOKLET, check the page on your TASK BOOKLET. See that the numbers match; then mark the page number in "Box X" in the response page (see instructions at the top of response page.) This is necessary for computer processing.

Tear the Response Guide (p. xiii) at the perforation, and use the correct side to respond to each task or instrument found on the following white pages. Note the following detailed explanation of responses.

Column A - (the responses to Column A differ for Part II A and Part II B, be sure to use the appropriate set of responses.)

Part II A

How often did you do this task within the last month?
(If you were on leave, consider your immediate past working month.)

- 0 - Did not do
- 1 - Did less than 5 times
- 2 - Did 5 to 20 times
- 3 - Did 21 to 50 times
- 4 - Did 51 to 100 times
- 5 - Did more than 100 times

Part II B

How often did you use this instrument or piece of equipment within the last month? (If you were on leave, consider your immediate past working month.)

- 0 - Did not use
- 1 - Used less than 5 times
- 2 - Used 5-20 times
- 3 - Used 21-50 times
- 4 - Used 51-100 times
- 5 - Used more than 100 times

If answer in Column A is 0, go to the next statement. If answer is 1, 2, 3, 4 or 5, answer also Columns B, C & D.

Column B

Indicate the approximate time you spent on a single performance the last time you performed this task.

0 = less than one minute

1 = 1 to 4 minutes

2 = 5 to 10 minutes

3 = 11 to 20 minutes

4 = 21 to 30 minutes

5 = 31 to 60 minutes

6 = 1 to 2 hours

7 = more than 2 hours

Column C

Do you feel you need additional training to perform this task?

0 = No

1 = Yes

RESPONSE GUIDE

(DO NOT LOSE THIS TAB)

HOW TO RESPOND TO PART IIA - LIST OF TASKS

1111

ANSWER COL. A FIRST. IF A = 0, GO TO NEXT STATEMENT: IF A = 1-5, ANSWER COLUMNS B, C & D ALSO.

| A | B | C | D |
|---------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| FREQUENCY | TIME CONSUMED (single performance the last time performed) | DO YOU FEEL YOU NEED ADDITIONAL TRAINING TO PER- FORM THIS TASK? | OPTION (Additional instructions will be given if this column is used) |
| 0=DID NOT DO LAST MONTH | 0=LESS THAN 1 MINUTE | 0=NO | |
| 1=DID LESS THAN 5 TIMES | 1=1 TO 4 MINUTES | 1=YES | |
| 2=DID 5 TO 20 TIMES | 2=5 TO 10 MINUTES | | |
| 3=DID 21 TO 50 TIMES | 3=11 TO 20 MINUTES | | |
| 4=DID 51 TO 100 TIMES | 4=21 TO 30 MINUTES | | |
| 5=DID MORE THAN 100 TIMES | 5=31 TO 60 MINUTES | | |
| | 6=1 TO 2 HOURS | | |
| | 7=MORE THAN 2 HOURS | | |

RESPONSE GUIDE

(DO NOT LOSE THIS TAB)

HOW TO RESPOND TO PART IIB - LIST OF INSTRUMENTS AND EQUIPMENT

ANSWER COL. A FIRST. IF A = 0, GO TO NEXT STATEMENT: IF A = 1-5, ANSWER COLUMNS B, C & D ALSO.

| A | B | C | D |
|----------------------------|-----------------------------------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| FREQUENCY | TIME CONSUMED (last time used) | DO YOU FEEL YOU NEED ADDITIONAL TRAINING TO PER- FORM THIS TASK? | OPTION (Additional instructions will be given if this column is used) |
| 0=DID NOT USE LAST MONTH | 0=LESS THAN 1 MINUTE | 0=NO | |
| 1=USED LESS THAN 5 TIMES | 1=1 TO 4 MINUTES | 1=YES | |
| 2=USED 5 TO 20 TIMES | 2=5 TO 10 MINUTES | | |
| 3=USED 21 TO 50 TIMES | 3=11 TO 20 MINUTES | | |
| 4=USED 51 TO 100 TIMES | 4=21 TO 30 MINUTES | | |
| 5=USED MORE THAN 100 TIMES | 5=31 TO 60 MINUTES | | |
| | 6=1 TO 2 HOURS | | |
| | 7=MORE THAN 2 HOURS | | |

Part II A
LIST OF TASKS

TASK NO. ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 01
OF RESPONSE BOOKLET

- 1 RECEIVE PATIENTS ON ARRIVAL, I.E. INTRODUCE SELF, OBTAIN PATIENT'S NAME
- 2 ORIENT PATIENT/FAMILY TO FACILITY, E.G. ROUTINES, REGULATIONS, PHYSICAL LAYOUT, PERSONNEL
- 3 ACCOMPANY PATIENT TO OTHER DEPARTMENTS/CLINICS
- 4 INSTRUCT OR HELP PATIENT/FAMILY FILL OUT FORMS
- 5 REMOVE/SECURE/RETURN PATIENTS PERSONAL EFFECTS
- 6 VERIFY IDENTIFICATION OF PATIENT, E.G. FOR TREATMENT, MEDICATIONS, EXAMINATION
- 7 TAKE FINGERPRINTS, FOOTPRINTS
- 8 TRANSPORT NON AMBULATORY PATIENT TO OTHER DEPARTMENTS/CLINICS
- 9 LOAD/UNLOAD PATIENTS FROM STRETCHERS (GURNEY)
- 10 ASSIST PATIENTS IN/OUT OF BED, EXAM OR O.R. TABLES
- 11 ASSIST PATIENT TO STAND/WALK/DANGLE
- 12 STAND BY DURING EXAMINATION OF FEMALE PATIENTS
- 13 ASSIST PATIENT WITH BEDPANS/URINALS/COMMODOE CHAIRS
- 14 ACCOMPANY/ASSIST WHEELCHAIR PATIENTS TO RESTROOM
- 15 ADJUST SIDERAILS/HEIGHT OF BED FOR PATIENT COMFORT/SAFETY
- 16 WATCH/GUARD PATIENT WHO IS ON PRECAUTION, E.G. ESCAPE
- 17 POSITION PATIENT WHO HAS DIFFICULTY BREATHING
- 18 POSITION PATIENT WHO HAS SYMPTOMS OF SHOCK
- 19 PROTECT PATIENT FROM INJURY DURING CONVULSION
- 20 POSITION EXTREMITIES TO REDUCE SWELLING OR BLEEDING
- 21 MOVE/POSITION PATIENT WITH SUSPECTED FRACTURES OF EXTREMITIES
- 22 MOVE/POSITION PATIENT WITH SUSPECTED SPINAL FRACTURES OR CORD INJURIES
- 23 MOVE/POSITION PATIENT WITH HEAD INJURIES
- 24 MOVE/POSITION PATIENT WITH SUSPECTED INTERNAL INJURIES
- 25 MOVE/POSITION COMATOSE/ANESTHETIZED PATIENT

| TASK NO. | ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 01 OF RESPONSE BOOKLET |
|----------|-----------------------------------------------------------------------------------------|
| 26 | MAKE OCCUPIED BED |
| 27 | POSITION PATIENT FOR MEALS |
| 28 | TURN PATIENT ON STRYKER FRAME |
| 29 | TURN PATIENT ON CIRCULOELECTRIC BED |
| 30 | POSITION PATIENT IN BODY ALIGNMENT |
| 31 | STIMULATE/AROUSE PATIENT AFTER ANESTHESIA |
| 32 | CLEAN AND CLOTHE PATIENTS AFTER SURGERY/TREATMENT/EXAMINATION |
| 33 | ASSIST PATIENT IN PUTTING ON CLOTHES |
| 34 | GIVE BACK RUB TO PATIENTS |
| 35 | GIVE SPONGE BATH TO REDUCE FEVER |
| 36 | GIVE BED BATH TO PATIENTS |
| 37 | ASSIST PATIENT WITH TUB, SITZ BATH, OR SHOWER |
| 38 | GIVE OR HELP PATIENT WITH ORAL HYGIENE, F.G. PUSH TEETH, CLEAN DENTURES, MOUTHWASH |
| 39 | GROOM PATIENT, E.G. SHAMPOO/COMB HAIR, GIVE TOENAIL, FINGERNAIL CARE, SHAVE BEARD |
| 40 | ISSUE HOSPITAL COMFORTS TO PATIENTS, F.G. KLEENEX, SOAP, TOOTHPASTE, RED CROSS SUPPLIES |
| 41 | CHANGE PATIENT'S SOILED LINEN AND CLOTHING |
| 42 | APPLY BINDERS, F.G. T, SCULTETUS, BREAST |
| 43 | SETTLE PATIENT FOR REST PERIOD/NIGHT |
| 44 | ENSURE PATIENTS OBSERVE QUIET HOURS |
| 45 | READ TO PATIENT |
| 46 | DELIVER SUPPLIES FOR PATIENT'S ENTERTAINMENT OR RECREATION, F.G. RADIO, TV, GAMES |
| 47 | WRITE LETTERS, MESSAGES FOR PATIENT |
| 48 | PERFORM ERRANDS FOR PATIENTS, F.G. MAKE PHONE CALLS, GO TO STORE |
| 49 | ADMINISTER BAPTISM |
| 50 | ASSIST PATIENT IN RELIGIOUS RITES, E.G. PRAYING, READING SCRIPTURES |

| TASK NO. | ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 02 OF RESPONSE BOOKLET |
|----------|------------------------------------------------------------------------------------|
| 1 | MOVE PATIENT INTO/OUT OF ISOLATION |
| 2 | TAKE PATIENTS CONFINED TO BED OR WHEELCHAIR OUTDOORS |
| 3 | ACCOMPANY AMBULANCE ON CALLS |
| 4 | LOAD/UNLOAD PATIENT FROM AMBULANCE |
| 5 | GIVE POST MORTEM CARE |
| 6 | TRANSPORT THE BODY COMPLETE WITH DOCUMENTS TO THE MORGUE |
| 7 | EXPLAIN ISOLATION PROCEDURES TO PATIENT/FAMILY |
| 8 | EXPLAIN TO PATIENT/FAMILY POST-OP PROCEDURES/CARE FOR RADICAL SURGERY |
| 9 | GIVE CAPE TO PATIENT IN REVERSE ISOLATION |
| 10 | GIVE CARE/INSTRUCTION TO PATIENT WHO CANNOT SPEAK OR UNDERSTAND ENGLISH |
| 11 | CONDUCT GAME ACTIVITIES FOR HOSPITALIZED PATIENTS |
| 12 | REVIEW WITH PATIENT PRINTED INSTRUCTIONS FOR EXAMINATION/THERAPY PROCEDURES |
| 13 | INFORM PATIENT OF PROCEDURES REQUIRED PRIOR TO/DURING EXAMINATION/TEST/TREATMENT |
| 14 | EXPLAIN/ANSWER PATIENT'S QUESTIONS REGARDING EXAMINATION/TEST/TREATMENT PROCEDURES |
| 15 | ASCERTAIN IF PATIENT HAS BEEN PREPPED FOR TEST/TREATMENT PROCEDURE |
| 16 | ASK PATIENT/CHECK CHART FOR CONTRAINDICATION FOR TREATMENT, PROCEDURE, TEST |
| 17 | REASSURE/CALM APPREHENSIVE (ANXIOUS) PATIENT |
| 18 | EXPLAIN/ANSWER QUESTIONS ABOUT DOCTOR'S INSTRUCTIONS TO PATIENT/FAMILY |
| 19 | EXPLAIN/ANSWER PATIENT'S QUESTIONS REGARDING SYMPTOMS/DISEASE/TREATMENT |
| 20 | EXPLAIN PHYSIOLOGICAL BASIS FOR THERAPY/TREATMENT TO PATIENT/FAMILY |
| 21 | EXPLAIN LUMBAR PUNCTURE PROCEDURES TO PATIENT |
| 22 | EXPLAIN STERNAL PUNCTURE PROCEDURES TO PATIENT |
| 23 | EXPLAIN PARACENTESIS PROCEDURE TO PATIENT |
| 24 | EXPLAIN THORACENTESIS PROCEDURES TO PATIENT |
| 25 | EXPLAIN MAJOR SURGICAL PROCEDURE/OPERATION TO PATIENT/FAMILY |

GO TO RIGHT HAND PAGE

| TASK NO. | ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 02 OF RESPONSE BOOKLET |
|----------|------------------------------------------------------------------------------------------------|
| 26 | EXPLAIN MINOR SURGICAL PROCEDURE/OPERATION TO PATIENT/FAMILY |
| 27 | WRITE STANDARD INSTRUCTIONS FOR PATIENT CONCERNING EXAMINATIONS/THERAPY OR PROCEDURES |
| 28 | GIVE PHISOMEX/BETADINE SCRUB TO PATIENTS |
| 29 | SHAVE AND SCRUB PATIENT FOR SURGERY OR DELIVERY OR TREATMENT OR EXAMINATION |
| 30 | PREPARE SKIN SITE WITH ANTISEPTIC SOLUTION PRIOR TO INCISION/SUTURING/TREATMENT OR EXAMINATION |
| 31 | DRAPE/GOWN PATIENT FOR EXAMINATION/TREATMENT |
| 32 | HELP PATIENT TO RINSE, EXPECTORATE DURING DENTAL PROCEDURE |
| 33 | DRAPE/UNDRAPE PATIENT FOR SURGERY |
| 34 | POSITION/HOLD PATIENT FOR EXAMINATION, TREATMENT, SURGERY |
| 35 | RESTRAIN PATIENTS, E.G. LINEN-LEATHER STRAPS, POSIE BELT, BLANKET WRAPS |
| 36 | RESTRAIN/CONTROL PATIENT VERBALLY |
| 37 | GROUND PATIENT, E.G. FOR ELECTRICAL CAUTERIZATION, DEFIBRILLATION, EKG |
| 38 | OBTAIN PRELIMINARY MEDICAL HISTORY, I.E. PAST/PRESENT COMPLAINTS, ALLERGIES, MEDICATIONS |
| 39 | OBTAIN PATIENT'S SOCIAL AND FAMILY HISTORY |
| 40 | OBSERVE/RECORD PATIENT'S PHYSICAL/EMOTIONAL RESPONSE TO TREATMENT/DIAGNOSTIC PROCEDURES |
| 41 | OBSERVE/REPORT SYMPTOMS OF SIDE EFFECTS TO TREATMENT/MEDICATION |
| 42 | TAKE BLOOD PRESSURE |
| 43 | CHECK RADIAL (WRIST) PULSE |
| 44 | OBSERVE FOR/REPORT CHARACTERISTICS OF COUGH |
| 45 | CHECK/COUNT RESPIRATIONS |
| 46 | OBSERVE PATIENT FOR/REPORT AND DESCRIBE ABNORMAL RESPIRATIONS |
| 47 | CHECK PATIENT'S TEMPERATURE |
| 48 | PALPATE NECK FOR MASSES/NODES |
| 49 | PALPATE CHEST FOR MASSES/NODES |
| 50 | MEASURE/WEIGH PATIENT OR PERSONNEL |

TASK NO. ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 03
OF RESPONSE BOOKLET

- 1 TAKE RENAL WEIGHTS, I.E. WEIGH BED PATIENT
- 2 CHECK PATIENT FOR PROSTHESIS, E.G. EYE/TEETH/EXTREMITY
- 3 ASSESS PATIENT'S TOLERANCE OF EXERCISE OR ACTIVITY
- 4 OBSERVE PATIENT FOR SIGNS OF CHILLING
- 5 OBSERVE FOR/REPORT PATIENT'S LEVEL OF PHYSICAL ACTIVITY, E.G. LETHARGY, HYPERACTIVITY
- 6 EVALUATE PATIENT'S COMPLAINTS OR SYMPTOMS OF PAIN
- 7 MEASURE CONTENTS OF DRAINAGE CONTAINER, E.G. BAGS, BOTTLES, BASINS, URINALS
- 8 CONNECT DRAINAGE TUBE TO DRAINAGE EQUIPMENT, E.G. BAG, BOTTLE, MACHINE
- 9 MAINTAIN DRAINAGE SYSTEM, I.E. SECURE, POSITION, MILK DRAINAGE TUBES
- 10 OBSERVE/RECORD OR DESCRIBE CHARACTERISTICS OF URINE OR FECES OR VOMITUS OR REGURGITATION
- 11 OBSERVE/RECORD OR DESCRIBE CHARACTERISTICS OF DRAINAGE FROM INTERNAL BODY ORGANS
- 12 OBSERVE/RECORD OR DESCRIBE CHARACTERISTICS OF DRAINAGE FROM INCISIONS/WOUNDS
- 13 OBSERVE/RECORD OR DESCRIBE CHARACTERISTICS OF SPUTUM, MUCUS
- 14 OBSERVE/RECORD OR DESCRIBE CHARACTERISTICS OF DRAINAGE FROM EYES/EARS
- 15 CHECK/OBSERVE ELIMINATION PATTERNS, E.G. FREQUENCY, URGENCY, INCONTINENCE
- 16 MAKE PATIENT ROUNDS OF WARDS/SECTION/UNIT/HOSPITAL
- 17 MAKE PATIENT ROUNDS/SICK CALL WITH DOCTOR
- 18 REVIEW DOCTOR'S ORDERS AND INSTRUCTIONS WITH DOCTOR
- 19 MAKE SUGGESTION REGARDING NEED FOR DIAGNOSTIC TESTS
- 20 MAKE SUGGESTION REGARDING PATIENT CARE, E.G. NEED OF MEDICATION, TREATMENT
- 21 GIVE REPORT ON CHANGES/SPECIAL CARE/TREATMENT/TESTS FOR PATIENT
- 22 CONFER WITH CORPSMAN TO DISCUSS PATIENT TREATMENT/PROGRESS/ PROBLEM
- 23 CARRY OUT DOCTOR'S VERBAL ORDERS
- 24 DETERMINE PATIENT CARE ASSIGNMENT FOR INDIVIDUAL STAFF MEMBER
- 25 DETERMINE PRIORITIES FOR TREATMENT OF PATIENTS

GO TO RIGHT HAND PAGE

| TASK NO. | ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 03 OF RESPONSE BOOKLET |
|----------|---------------------------------------------------------------------------------------------------|
| 26 | NOTIFY MEDICAL PERSONNEL OF TREATMENT NEEDS FOR PATIENT |
| 27 | GIVE TRANSFER REPORT TO WARD OR RECEIVING UNIT ON PATIENT'S CONDITION, TREATMENT AND CARE PLAN |
| 28 | GIVE/RECEIVE VERBAL REPORTS ABOUT PATIENT |
| 29 | WRITE NURSING NOTES |
| 30 | MAKE ENTRIES ON STD FORM 500 (CHRONOLOGICAL RECORD OF MEDICAL CARE) |
| 31 | WRITE ORDERS IN PATIENT'S CHART FOR DOCTOR'S COUNTERSIGNATURE |
| 32 | ARRANGE ROOM/UNIT FOR INDIVIDUAL PATIENT NEEDS, E.G. BLIND/ BEDRIDDEN/POST-OP PATIENT |
| 33 | RECOMMEND PATIENT'S TRANSFER ACCORDING TO NEED/READINESS, E.G. FROM R.R., TO DELIVERY ROOM |
| 34 | DETERMINE PATIENT BED LOCATION WITHIN WARD/UNIT |
| 35 | DETERMINE NEED FOR EMERGENCY EQUIPMENT/MEDICATION FOR POSSIBLE PATIENT USE |
| 36 | ASSESS COMPLETENESS OF LABORATORY REPORTS |
| 37 | VERIFY COMPLETENESS OF DOCTOR'S ORDERS, E.G. FOR ALL ROUTINE ADMISSION OR PRE-OP ORDERS |
| 38 | VERIFY/UPDATE PATIENT'S DIAGNOSIS IN RECORD/CARDEX |
| 39 | VERIFY THAT DOCTOR'S ORDERS ARE UP-TO-DATE, E.G. TREATMENT, MEDICATION, DIET |
| 40 | OBTAIN CLARIFICATION OF CONFLICTING DOCTOR'S ORDERS |
| 41 | INFORM DOCTOR OF ANY CONTRAINDICATIONS TO STUDY |
| 42 | ENSURE THAT DOCTOR'S ORDERS ARE CARRIED OUT |
| 43 | DETERMINE NEED TO NOTIFY DOCTOR/NURSE OF PATIENT'S CONDITION |
| 44 | CONSULT DOCTOR OR NURSE TO OBTAIN INFORMATION/ADVICE ON PATIENT CARE |
| 45 | INFORM DOCTOR/NURSE OF PATIENT'S CONDITION, E.G. DESCRIPTION OF INJURY, SYMPTOMS, RESPONSE |
| 46 | COLLECT UNORDERED SPECIMENS FOR NURSE/DOCTOR TO EVALUATE |
| 47 | DETERMINE NEED TO CHECK VITAL SIGNS MORE OFTEN/LESS OFTEN THAN ORDERED BY DOCTOR |
| 48 | MODIFY/CHANGE PATIENT TREATMENT PLAN |
| 49 | MODIFY PATIENT CARE ACCORDING TO PATIENT'S RESPONSE/NEED, E.G. PHYSICAL ACTIVITY |
| 50 | PLAN/MODIFY DIAGNOSTIC PROCEDURES ACCORDING TO PATIENT'S RESPONSE/NEED |

| TASK NO. | ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 04 OF RESPONSE BOOKLET |
|----------|---------------------------------------------------------------------------------|
| 1 | SCREEN PATIENT VIA TELEPHONE TO DETERMINE NEED FOR MEDICAL ATTENTION |
| 2 | COUNSEL PATIENT/FAMILY ON WHEN AND WHERE TO SEEK MEDICAL CARE |
| 3 | EXPLAIN/ANSWER QUESTIONS ABOUT TREATMENT PROCEDURE VIA TELEPHONE |
| 4 | SCREEN PATIENT ON ARRIVAL TO DETERMINE WHICH STAFF MEMBER PATIENT SHOULD SEE |
| 5 | SCREEN AND ISOLATE PATIENTS WITH SUSPECTED COMMUNICABLE DISEASE |
| 6 | REFER PATIENT TO NURSE FOR TREATMENT |
| 7 | REFER PATIENT TO DOCTOR FOR TREATMENT |
| 8 | INITIATE AND ORDER DIAGNOSTIC TEST |
| 9 | REVIEW TEST/EXAMINATION/CONSULTATION REPORTS FOR ABNORMAL (POSITIVE) FINDINGS |
| 10 | INITIATE TREATMENT PROCEDURES IN THE ABSENCE OF A DOCTOR |
| 11 | DETERMINE METHOD OF MOVING/TRANSPORTING PATIENT |
| 12 | GIVE EMERGENCY TREATMENT/FIRST AID FOR GUNSHOT WOUND |
| 13 | GIVE EMERGENCY TREATMENT/FIRST AID FOR LACERATION |
| 14 | GIVE EMERGENCY TREATMENT/FIRST AID FOR SYNCOPE (FAINTING) |
| 15 | GIVE EMERGENCY TREATMENT/FIRST AID FOR PSYCHIATRIC CRISIS/EPISODE |
| 16 | GIVE EMERGENCY TREATMENT/FIRST AID FOR SPRAIN/STRAIN/TORN LIGAMENT |
| 17 | GIVE EMERGENCY TREATMENT/FIRST AID FOR CARDIAC ARREST |
| 18 | GIVE EMERGENCY TREATMENT/FIRST AID FOR RESPIRATORY ARREST (140039) |
| 19 | GIVE EMERGENCY TREATMENT/FIRST AID FOR RESPIRATORY IMPAIRMENT |
| 20 | GIVE EMERGENCY TREATMENT/FIRST AID FOR SHOCK |
| 21 | GIVE EMERGENCY TREATMENT/FIRST AID FOR CONVULSION |
| 22 | GIVE EMERGENCY TREATMENT/FIRST AID FOR EXTERNAL HEMORRHAGE |
| 23 | GIVE EMERGENCY TREATMENT/FIRST AID FOR INTERNAL HEMORRHAGE |
| 24 | GIVE EMERGENCY TREATMENT/FIRST AID FOR INTERNAL INJURIES |
| 25 | GIVE EMERGENCY TREATMENT/FIRST AID FOR ABDOMINAL EVISCERATION |

| TASK NO. | ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 04 OF RESPONSE BOOKLET |
|----------|-------------------------------------------------------------------------------------|
| 26 | GIVE EMERGENCY TREATMENT/FIRST AID FOR HEMO/PNEUMOTHORAX |
| 27 | GIVE EMERGENCY TREATMENT/FIRST AID FOR INSULIN SHOCK |
| 28 | GIVE EMERGENCY TREATMENT/FIRST AID FOR ANAPHYLACTIC REACTION |
| 29 | GIVE EMERGENCY TREATMENT/FIRST AID FOR SEVERE DRUG REACTION |
| 30 | GIVE EMERGENCY TREATMENT/FIRST AID FOR DRUG/CHEMICAL INGESTION/ POISONING |
| 31 | GIVE EMERGENCY TREATMENT/FIRST AID FOR HEAD INJURY |
| 32 | GIVE EMERGENCY TREATMENT/FIRST AID FOR SPINAL CORD INJURY |
| 33 | GIVE EMERGENCY TREATMENT/FIRST AID FOR THERMAL BURN |
| 34 | GIVE EMERGENCY TREATMENT/FIRST AID FOR ELECTRICAL BURN |
| 35 | GIVE EMERGENCY TREATMENT/FIRST AID FOR ANIMAL BITE |
| 36 | GIVE EMERGENCY TREATMENT/FIRST AID FOR INSECT BITE |
| 37 | GIVE EMERGENCY TREATMENT/FIRST AID FOR COLD INJURY, E.G., FROST BITE |
| 38 | GIVE EMERGENCY TREATMENT/FIRST AID FOR HEAT STROKE |
| 39 | GIVE EMERGENCY TREATMENT/FIRST AID FOR HEAT EXHAUSTION |
| 40 | GIVE EMERGENCY TREATMENT/FIRST AID FOR SMOKE INHALATION |
| 41 | PRESCRIBE SYMPTOMATIC TREATMENT FOR COLDS |
| 42 | PRESCRIBE SYMPTOMATIC TREATMENT FOR FLU |
| 43 | PRESCRIBE SYMPTOMATIC TREATMENT FOR SKIN RASHES |
| 44 | PRESCRIBE SYMPTOMATIC TREATMENT FOR DIARRHEA |
| 45 | PRESCRIBE SYMPTOMATIC TREATMENT FOR NAUSEA AND VOMITING |
| 46 | PRESCRIBE SYMPTOMATIC TREATMENT FOR ALLERGIC REACTIONS |
| 47 | PRESCRIBE SYMPTOMATIC TREATMENT FOR SORE THROATS |
| 48 | PRESCRIBE SYMPTOMATIC TREATMENT FOR HANGOVERS |
| 49 | PRESCRIBE TRANQUILIZERS |
| 50 | PRESCRIBE ANTIBIOTICS |

TASK NO. ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 05
OF RESPONSE BOOKLET

- 1 PRESCRIBE ANTIHISTAMINES
- 2 PRESCRIBE CORTICOSTEROID OINTMENTS
- 3 PRESCRIBE ANTIEMETICS
- 4 PRESCRIBE LOZENGES, THROAT GARGLES, EXPECTORANTS
- 5 PRESCRIBE ANALGESICS
- 6 CHECK PRESCRIBED MEDICATIONS FOR INCOMPATIBILITIES OF ADMINISTRATION OR MIXING
- 7 CHECK ORDERED MEDICATIONS FOR OVER DOSAGE AND CONTRAINDICATIONS
- 8 CHECK ORDERED MEDICATION AGAINST LIST OF RECALLED (UNSAFE) DRUGS
- 9 NOTIFY DOCTOR OF ERRORS IN MEDICATION ORDERS
- 10 CONVERT MEDICATION DOSAGE FROM CC TO MINIMS, GRAINS TO GRAM
- 11 CONVERT COMMON WEIGHTS AND MEASURES FROM ONE SYSTEM TO ANOTHER, E.G. CC TO TSP, LBS TO KG
- 12 CONVERT PRESCRIBED DOSE INTO UNITS OF ADMINISTRATION, E.G. NUMBER OF CC, TABLETS
- 13 CALCULATE DOSAGE OF DIAGNOSTIC PHARMACEUTICAL, E.G. BSP DYE
- 14 CALCULATE MILLIEQUIVALENTS/MILLIMOLES
- 15 DETERMINE SIMILARITIES BETWEEN PHARMACEUTICAL TRADE NAMES AND GENERIC NAMES
- 16 ADD MEDICATION TO AND LABEL I.V. SOLUTIONS
- 17 CALCULATE RATE OF I.V. FLOW, E.G. DROPS PER MINUTE
- 18 INITIATE INTRAVENOUS THERAPY
- 19 CHECK/CORRECT CALCULATIONS PERFORMED BY OTHER TECHNICIANS
- 20 DILUTE OR MIX POWDERED MEDICATIONS
- 21 LABEL MULTIPLE DOSE VIALS WITH DATE AND CONCENTRATION
- 22 COMPILE NOMINAL LISTS FOR PERSONNEL IMMUNIZATION
- 23 PREPARE VACCINES FOR USE
- 24 DETERMINE IMMUNIZATIONS REQUIRED FOR OVERSEAS TRAVEL
- 25 DETERMINE SEQUENCE OF ADMINISTRATION OF MULTIPLE IMMUNIZATIONS

GO TO RIGHT HAND PAGE

TASK NO. ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 05
OF RESPONSE BOOKLET

- 26 MIX BLADDER IRRIGATION SOLUTION
- 27 INTERPRET FORMULA/DIRECTIONS FOR COMPOUNDING PHARMACEUTICALS
- 28 WEIGH/MEASURE CHEMICALS
- 29 PREPARE/MIX DESENSITIZATION SERA FROM COMMERCIAL PREPARATIONS
- 30 POUR/DRAW UP MEDICATIONS OTHER THAN NARCOTICS AND CONTROLLED DRUGS
- 31 POUR/DRAW UP NARCOTICS AND CONTROLLED DRUGS
- 32 PREPARE LOCAL ANESTHETIC SOLUTIONS FOR USE
- 33 REVIEW PROTHROMBIN TIME/CLOTTING TIME PRIOR TO ADMINISTRATION OF ANTICOAGULANT
- 34 REVIEW BLOOD SUGAR/FRACTIONAL URINE TESTS PRIOR TO ADMINISTRATION OF INSULIN
- 35 DETERMINE WHEN TO GIVE P.R.N. CARDIOVASCULAR MEDICATION, E.G. XYLOCAINE
- 36 DETERMINE WHEN TO GIVE P.R.N. MEDICATION, E.G. PAIN, SEDATIVE, LAXATIVE
- 37 OBSERVE FOR/REPORT SYMPTOMS OF DRUG DEPENDENCY, E.G. FREQUENT REQUEST FOR PAIN MEDICATION
- 38 ASSESS PATIENT'S RESPONSE TO MEDICATION THERAPY
- 39 WRITE PRESCRIPTION RENEWALS FOR DOCTOR'S SIGNATURE
- 40 COMPILE LIST OF MEDICATION ORDERS REQUIRING DOCTOR'S RENEWAL
- 41 ISSUE NON-PRESCRIPTION MEDICATIONS E.G. ASPIRIN
- 42 ISSUE PRESCRIBED MEDICATIONS TO PATIENTS ON LIBERTY/LEAVE
- 43 FILL PATIENT PRESCRIPTIONS
- 44 FILL NARCOTICS PRESCRIPTION
- 45 TRANSLATE/TRANSFER/TYPF PRESCRIPTION INFORMATION ON LABEL
- 46 CONFER WITH PRESCRIBING DOCTOR ON QUESTIONS CONCERNING PRESCRIPTIONS
- 47 PREPARE REFERENCE DRUG LISTS, E.G. QUANTITY LIMITED, PREPAK QUANTITY
- 48 ANSWER INQUIRIES REGARDING DRUG REACTION
- 49 COORDINATE DOCTORS REQUESTS FOR DRUG TRAVEL KITS
- 50 READ/USE PHARMACEUTICAL MANUALS, FORMULARY, PDR

TURN PAGE

| TASK NO. | ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 06 OF RESPONSE BOOKLET |
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| 1 | ANSWER PERSONNEL INQUIRIES REGARDING MIXING/ADMINISTERING DRUGS |
| 2 | ADMINISTER ORAL MEDICATION |
| 3 | ADMINISTER SUBLINGUAL/BUCCAL MEDICATION |
| 4 | APPLY TOPICAL SKIN/LIP MEDICATION, E.G. OINTMENT, POWDER |
| 5 | APPLY TOPICAL MEDICATION TO MUCOSAL TISSUE, E.G. ORAL, EYE, STOMA |
| 6 | ADMINISTER MEDICATION TO EYE/EAR/NOSE |
| 7 | ADMINISTER INTRADERMAL INJECTION |
| 8 | ADMINISTER MEDICATION BY INTRAMUSCULAR INJECTION |
| 9 | ADMINISTER MEDICATION BY SUBCUTANEOUS INJECTION |
| 10 | INSERT RECTAL SUPPOSITORY OR MEDICATION |
| 11 | INSERT VAGINAL SUPPOSITORY |
| 12 | INSTILL MEDICATION INTO TUBE, MACHINE, E.G. TRACHEA TUBE, CATHETERS, I.P.P.B. MACHINE |
| 13 | GIVE MEDICATED BATH |
| 14 | ADMINISTER INNOCULATIONS AND VACCINATIONS |
| 15 | ADMINISTER NARCOTICS |
| 16 | ADMINISTER CONTROLLED DRUGS |
| 17 | OBSERVE FOR/REPORT SYMPTOMS OF INSULIN REACTION |
| 18 | EXPLAIN/ANSWER PATIENT/FAMILY QUESTIONS ABOUT MEDICATIONS, E.G. PURPOSE, DOSE, SCHEDULE |
| 19 | TEACH PATIENT/FAMILY SIDE EFFECTS OF MEDICATION, E.G. DROWSINESS, URINE DISCOLORATION |
| 20 | INFORM PATIENT/FAMILY OF SYMPTOMS OF INTOLERANCE/OVERDOSE TO MEDICATION, E.G. BLEEDING GUMS, COMA |
| 21 | TEACH PATIENT MEDICATION STORAGE REQUIREMENTS, E.G. REFRIGERATION, EXPIRATION DATE |
| 22 | TEACH PATIENT SELF-ADMINISTRATION OF MEDICATIONS (OTHER THAN INJECTIONS) |
| 23 | TEACH PATIENT/FAMILY ADMINISTRATION OF INJECTIONS |
| 24 | ANSWER PATIENT INQUIRIES REGARDING NONPRESCRIPTION DRUGS |
| 25 | ADMINISTER I.V. MEDICATION DIRECTLY INTO VEIN |

| TASK NO. | ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 06 OF RESPONSE BOOKLET |
|----------|-----------------------------------------------------------------------------------------------|
| 26 | ADMINISTER MEDICATION BY INJECTION INTO IV TUBING |
| 27 | ADMINISTER I.V. MEDICATION VIA SOLUSET, PIGGY BACK, OR I.V. BOTTLE |
| 28 | START I.V. THERAPY VIA NEEDLE/SCALP VEIN/BUTTERFLY |
| 29 | START I.V. THERAPY VIA MEDICUT (ANGIOCATH, JELCO) |
| 30 | START I.V. THERAPY VIA INTRACATH |
| 31 | PERFORM INTRAVENOUS CUTDOWN |
| 32 | START/HANG BLOOD TRANSFUSION |
| 33 | REGULATE BLOOD TRANSFUSION FLOW |
| 34 | ADMINISTER BLOOD EXPANDER OTHER THAN BLOOD, E.G. PLASMA, ALBUMIN |
| 35 | ADMINISTER I.V. DOSE OF NON RADIOACTIVE TEST MATERIAL, E.G. BSP DYE, RADIOPAQUE DYE |
| 36 | ADD/CHANGE I.V. BOTTLE DURING CONTINUOUS INFUSION |
| 37 | MONITOR/REGULATE INTRAVENOUS SOLUTION FLOW RATE |
| 38 | REGULATE I.V. FLOW/DRIP ACCORDING TO CHANGES IN VITAL SIGNS, MONITOR READINGS, URINARY OUTPUT |
| 39 | IRRIGATE I.V. TUBING |
| 40 | DISCONTINUE I.V. THERAPY |
| 41 | CHECK I.V. SITE FOR INFILTRATION, PHLEBITIS, CELLULITIS |
| 42 | GIVE TUBERCULIN MANTOUX TEST |
| 43 | GIVE TUBERCULIN TINE TEST |
| 44 | GIVE TUBERCULIN PPD TEST |
| 45 | READ TUBERCULIN TEST REACTION |
| 46 | TEST FOR ALLERGIC RESPONSE TO A SPECIFIC AGENT, E.G. DYE/DRUG |
| 47 | GIVE HISTOPLASMOSIS/COCCIDIOMYCOSIS SKIN TEST |
| 48 | PERFORM ALLERGY SKIN TESTS |
| 49 | PERFORM PATCH TESTS |
| 50 | READ ALLERGY TEST REACTION |

| TASK NO. | ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 07 OF RESPONSE BOOKLET |
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| 1 | DESENSITIZE PATIENT WITH ALLERGY |
| 2 | CHECK SKIN FOR ABNORMAL CONDITIONS, E.G. PRESSURE SORES, ABRUISES, NEEDLE MARKS |
| 3 | CHECK SKIN TURGOR (ELASTICITY) |
| 4 | CHECK FOR EDEMA (SWELLING) OF EXTREMITIES, EYES |
| 5 | CHECK COLOR OF SKIN, E.G. CYANOSIS, BLANCHING, JAUNDICE, MOTTLING |
| 6 | CHECK TEXTURE OF SKIN, E.G. DRY, OILY, SCALY |
| 7 | CHECK TEMPERATURE OF SKIN |
| 8 | CHECK PATIENT FOR SWEATING/DIAPHORESIS |
| 9 | CHECK SKIN FOR AIR IN TISSUE (CREPITUS) |
| 10 | OBSERVE FOR/REPORT SYMPTOMS OF CELLULITIS |
| 11 | GIVE ULTRAVIOLET TREATMENT |
| 12 | GIVE HEAT TREATMENT, E.G. HYDROCOLLATOR/K PACK, HEAT LAMP |
| 13 | GIVE ICE PACK TREATMENT |
| 14 | GIVE INFRARED TREATMENT |
| 15 | GIVE MASSAGE FOR RELAXATION (SEDATIVE MASSAGE) |
| 16 | GIVE MASSAGE TO REDUCE EDEMA |
| 17 | GIVE MASSAGE TO STIMULATE CIRCULATION/INCREASE HEALING PROCESS |
| 18 | GIVE MASSAGE TO REDUCE MUSCLE SPASM |
| 19 | GIVE SPECIAL SKIN/DECUBITUS CARE, E.G. APPLY MEDICATION, DRESSINGS, IRRIGATE |
| 20 | GIVE CARE TO SKIN GRAFT DONOR SITE, E.G. AIR, GIVE HEAT TREATMENT |
| 21 | GIVE CARE TO BURN PATIENT, E.G. TURN, DRESSING CHANGE, FORCE FLUIDS |
| 22 | APPLY/CHANGE DRESSINGS TO CLOSED AMPUTATED STUMP |
| 23 | APPLY/CHANGE DRESSINGS TO OPEN AMPUTATED STUMP |
| 24 | WRAP STUMP FOR SHAPE/SHRINKAGE |
| 25 | TEACH PATIENT TO TOUGHEN AND MATURE STUMP, E.G. TAPOTEMENT |

GO TO RIGHT HAND PAGE

| TASK NO. | ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 07 OF RESPONSE BOOKLET |
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| 26 | TEACH STUMP HYGIENE |
| 27 | TEACH PATIENT TO WRAP STUMP |
| 28 | CHECK DRESSINGS, E.G. FOR CLEANLINESS |
| 29 | CLEAN WOUND, CUT, ABRASION |
| 30 | APPLY/CHANGE STERILE DRESSINGS |
| 31 | APPLY/CHANGE ABDOMINAL DRESSINGS |
| 32 | APPLY/CHANGE HEAD/NECK DRESSINGS |
| 33 | APPLY/CHANGE PEDICLE SKIN GRAFT DRESSINGS |
| 34 | APPLY/CHANGE SKIN GRAFT DRESSINGS |
| 35 | REMOVE SUTURES |
| 36 | REMOVE/SHORTEN DRAIN |
| 37 | APPLY/CHANGE BANDAGES, E.G. ROLLER, TRIANGULAR, KURLEX |
| 38 | IRRIGATE WOUND |
| 39 | PACK ANAL/PILONIDIAL FISSURE |
| 40 | PACK INCISION/WOUND/CAVITY |
| 41 | CHECK/EXAMINE INCISIONS/WOUNDS FOR PROGRESS OF HEALING |
| 42 | OBSERVE FOR/REPORT SYMPTOMS OF WOUND INFECTION |
| 43 | APPLY WET COMPRESSES/SOAKS/PACKS |
| 44 | REINFORCE DRESSINGS, I.E. ADD DRESSINGS |
| 45 | CONTROL BLEEDING BY APPLYING TOURNIQUETS |
| 46 | CONTROL BLEEDING BY APPLYING DIGITAL PRESSURE ON BLOOD VESSEL |
| 47 | CONTROL MINOR BLEEDING, E.G. AFTER EXTRACTION OR INCISION |
| 48 | CONTROL BLEEDING BY PRESSURE DRESSING |
| 49 | EXAMINE FOR PRESENCE OF/OR CONTACT WITH LICE, FLEAS, TICKS, LEACHES |
| 50 | EXAMINE ANIMAL OR HUMAN BITES |

LEFT PAGE OR GENERAL CORPSMAN TASK BOOKLET

TASK NO. ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE OR
OF RESPONSE BOOKLET

- 1 EXAMINE FOR SYMPTOMS OF SNAKE BITES
- 2 EXAMINE AND DESCRIBE BURNS, I. E. SOURCE, AREA, DEGREE
- 3 EXAMINE FOR ENTRY AND EXIT AREA OF SHRAPNEL OR BULLETS
- 4 EXAMINE FOR SYMPTOMS OF EXTERNAL FUNGAL INFECTIONS, E.G. RINGWORM
- 5 EXAMINE FOR SYMPTOMS OF SEBORRHEIC DERMATITIS AND PSORIASIS
- 6 EXAMINE FOR SYMPTOMS OF CONTACT DERMITITIS
- 7 EXAMINE AND DESCRIBE CHARACTERISTICS OF HIVES, RASHES
- 8 EXAMINE FOR VIRAL INFECTIONS OF THE SKIN, E.G. WARTS
- 9 APPLY TOPICAL ANESTHESIA
- 10 ADMINISTER TISSUE INFILTRATION/LOCAL ANESTHESIA
- 11 ADMINISTER DIGITAL BLOCK ANESTHESIA
- 12 SUTURE SKIN
- 13 SUTURE SUBCUTANEOUS TISSUE
- 14 SUTURE MUCOSAL TISSUE
- 15 SUTURE FASCIA
- 16 SUTURE MUSCLE
- 17 SUTURE FACIAL LACERATIONS
- 18 INSERT DRAIN/WOUND CATHETER, E. G. PENROSE, RUBBER BAND
- 19 DEBRIDE WOUND/BURN
- 20 PERFORM SECONDARY CLOSURE OF WOUND, E.G. DEBRIDE, INSERT DRAIN, SUTURE
- 21 EXCISE SEBACEOUS CYST/LIPOMA
- 22 INCISE AND DRAIN SUPERFICIAL ABSCESS
- 23 EXTRACT SEBACEOUS MATERIAL FROM COMEDO
- 24 FREEZE WART WITH LIQUID NITROGEN
- 25 TREAT WART WITH CHEMICAL AGENT, E. G. TRICHLOROACETIC ACID

GO TO RIGHT HAND PAGE

| TASK NO. | ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 09 OF RESPONSE BOOKLET |
|----------|----------------------------------------------------------------------------------------|
| 26 | CAUTERIZE BLEEDERS WITH CHEMICAL, E.G. SILVER NITRATE STICK, PC-5R |
| 27 | MAKE INCISION FOR MINOR SURGERY |
| 28 | APPLY/CHANGE/ADJUST LEADS OR NEEDLE ELECTRODES, E.G. MONITOR, EKG, EEG |
| 29 | CHECK FEMORAL PULSE FOR PRESENCE AND QUALITY |
| 30 | CHECK PEDAL PULSE FOR PRESENCE AND QUALITY |
| 31 | DETERMINE APICAL PULSE RATE/RHYTHM WITH STETHESCOPE |
| 32 | CHECK CENTRAL VENOUS PRESSURE |
| 33 | OBSERVE FOR/REPORT SYMPTOMS OF HYPOTENSION/HYPERTENSION |
| 34 | AUSCULTATE HEART TO DETECT ABNORMAL SOUNDS, I.E. P.V.C., BRUIES, MURMURS |
| 35 | IDENTIFY AND DESCRIBE CARDIAC ARRHYTHMIAS WHICH APPEAR ON MONITOR AND/OR TRACING STRIP |
| 36 | IDENTIFY AND DESCRIBE GROSS ABNORMALITIES IN PACEMAKER PATTERN |
| 37 | ADJUST PACEMAKER, I.E. DECREASE/INCREASE RATE, CHANGE TO AUTOMATIC/DEMAND |
| 38 | PERFORM CIRCULATION CHECK, E.G. COLOR, PULSE, TEMPERATURE OF SKIN, CAPILLARY RETURN |
| 39 | TEACH VASCULAR EXERCISES, E.G. BUERGER-ALLEN |
| 40 | EXAMINE FOR SYMPTOMS OF INTERNAL HEMORRHAGE |
| 41 | OBSERVE FOR/REPORT SYMPTOMS OF EXTERNAL HEMORRHAGE |
| 42 | OBSERVE FOR/REPORT SYMPTOMS OF SHOCK |
| 43 | ESTIMATE/RECORD BLOOD LOSS FOLLOWING HEMORRHAGE |
| 44 | COLLECT, COUNT AND LAYOUT USED SPONGES FOR CALCULATING BLOOD LOSS AND FOR SPONGE COUNT |
| 45 | WEIGH USED SPONGES FOR CALCULATING BLOOD LOSS |
| 46 | COUNT VAGINAL PADS FOR ESTIMATING BLOOD LOSS |
| 47 | OBSERVE FOR/REPORT SYMPTOMS OF MALARIA |
| 48 | EXAMINE LEGS TO DETECT/RULE OUT CALF TENDERNESS/VARICOSE VEINS |
| 49 | TAKE ELECTROCARDIOGRAPH (EKG, ECG) |
| 50 | TAKE SPECIAL ELECTROCARDIOGRAPHS, E.G. V-7, V3R, V-9 |

TASK NO. ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 09
OF RESPONSE BOOKLET

- 1 EXPLAIN ECG PROCEDURE TO PATIENT
- 2 READ ECG TRACING FOR TECHNICAL ADEQUACY
- 3 PERFORM TILT TEST FOR CIRCULATION
- 4 EVALUATE SYMPTOMS OF PATIENT COMPLAINING OF CHEST PAIN
- 5 EXAMINE FOR SYMPTOMS OF CONGESTIVE HEART FAILURE
- 6 OBSERVE FOR/REPORT SYMPTOMS OF CARDIAC ARREST
- 7 GIVE EXTERNAL CARDIAC MASSAGE
- 8 DETERMINE NEED TO DEFFIBRILLATE PATIENT
- 9 DEFFIBRILLATE PATIENT
- 10 ROTATE TOURNIQUETS
- 11 CHECK PATIENT'S AIRWAY FOR PATENCY/OBSTRUCTION
- 12 INSERT AIRWAY
- 13 SUCTION NASAL/ORAL PASSAGE
- 14 OBSERVE FOR/REPORT SYMPTOMS OF ASPIRATION
- 15 AUSCULTATE LUNGS TO DETECT ABNORMAL SOUNDS, I.E.
RALES, WHEEZE, RONCHI
- 16 RESUSCITATE PATIENT USING ARM LIFT OR HAND-BACK TECHNIQUE
- 17 RESUSCITATE PATIENT USING RESPIRATOR
- 18 RESUSCITATE PATIENT USING AMBU BAG
- 19 RESUSCITATE PATIENT USING MOUTH TO MOUTH TECHNIQUE
- 20 INSERT NEEDLE INTO TRACHEA TO MAINTAIN AIRWAY
- 21 PERFORM CRICOTHYROTOMY
- 22 PERFORM TRACHEOTOMY/TRACHEOSTOMY
- 23 INTUBATE PATIENT'S TRACHEA/LARYNX
- 24 SUCTION TRACHEA, I.E. DEEP ENDOTRACHEAL SUCTION
- 25 GIVE TRACHEOTOMY CARE, E.G. REMOVE AND CLEAN INNER CANNULA,
SUCTION, INFLATE/DEFLATE CUFF

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| TASK NO. | ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 09 OF RESPONSE BOOKLET |
|----------|----------------------------------------------------------------------------------------------|
| 26 | CHANGE TRACHEOTOMY TUBE |
| 27 | IRRIGATE CHEST TUBE |
| 28 | GIVE OXYGEN THERAPY, I.E. CANNULA, CATHETER/MASK |
| 29 | GIVE OXYGEN THERAPY VIA TENT |
| 30 | GIVE I.P.P.B. TREATMENT |
| 31 | GIVE STEAM/MIST TREATMENT |
| 32 | GIVE CARBON DIOXIDE INHALATION THERAPY |
| 33 | TREAT PATIENT/PERSONNEL WHO HYPERVENTILATE, E.G. GIVE BREATHING INSTRUCTIONS, CARBON DIOXIDE |
| 34 | TEACH PATIENT TO COUGH AND DEEP BREATHE |
| 35 | PLACE PATIENT IN POSTURAL DRAINAGE POSITION |
| 36 | PERFORM CHEST VIBRATION AND CUPPING TREATMENT, I.E. CHEST PHYSIOTHERAPY |
| 37 | GIVE CARE TO PATIENT ON A RESPIRATOR, E.G. SUCTION, FEED, PLACE ON AND OFF MACHINE |
| 38 | TEACH BREATHING EXERCISES |
| 39 | EXPLAIN PROCEDURES FOR PULMONARY FUNCTION TESTS TO PATIENT |
| 40 | OBSERVE FOR/REPORT SYMPTOMS OF SINUS BLOCKAGE |
| 41 | OBSERVE FOR/REPORT SYMPTOMS OF HEAD COLDS |
| 42 | OBSERVE FOR/REPORT SYMPTOMS OF INFLUENZA |
| 43 | OBSERVE PATIENT'S EATING PATTERNS |
| 44 | OBSERVE PATIENT'S SLEEPING PATTERNS |
| 45 | OBSERVE PATIENT'S BEHAVIOR PATTERNS |
| 46 | OBSERVE PATIENT'S GENERAL MENTAL ATTITUDE |
| 47 | OBSERVE THE EFFECT OF VISITORS ON PATIENTS |
| 48 | OBSERVE PATIENT'S GENERAL APPEARANCE, E.G. DRESS, GROOMING |
| 49 | DETERMINE PATIENT'S PATTERN OF INTERACTION WITH OTHERS |
| 50 | OBSERVE FOR/REPORT OR DESCRIBE SYMPTOMS OF IRRITABILITY, RESTLESSNESS, APPREHENSION |

| TASK NO. | ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 10 OF RESPONSE BOOKLET |
|----------|--------------------------------------------------------------------------------------------------|
| 1 | OBSERVE PATIENT'S GENERAL EMOTIONAL CONDITION, E.G. FACIAL AND EYE EXPRESSIONS, QUALITY OF VOICE |
| 2 | IDENTIFY PATIENT'S PSYCHOLOGICAL NEEDS AND/OR PROBLEMS, E.G. AFFECTION, RECOGNITION |
| 3 | OBSERVE FOR PATIENT'S NEED TO VENTILATE FEELINGS |
| 4 | IDENTIFY FACTORS THAT INFLUENCE PATIENT'S PSYCHOLOGICAL STATE |
| 5 | OBSERVE FOR/REPORT TENDENCIES TOWARD SUICIDAL BEHAVIOR |
| 6 | IDENTIFY/DESCRIBE MANIFESTATIONS OF LOSS OF CONTACT WITH REALITY, E.G. HALLUCINATIONS, DELUSIONS |
| 7 | OBSERVE FOR/REPORT SYMPTOMS OF DRUG ABUSE, E.G. ACID, SPEED |
| 8 | OBSERVE FOR/REPORT SYMPTOMS OF HANGOVERS |
| 9 | OBSERVE FOR/REPORT SYMPTOMS OF DELIRIUM TREMENS |
| 10 | INITIATE MEASURES TO PREVENT IMPENDING DELIRIUM TREMENS, E.G. FORCE FLUIDS |
| 11 | OBSERVE FOR/REPORT SYMPTOMS OF INEBRIATION (DRUNKENNESS) |
| 12 | OBSERVE FOR/REPORT SYMPTOMS OF DRUG/CHEMICAL INGESTION (POISONING) |
| 13 | ORIENT PATIENT TO TIME, PLACE, PERSON |
| 14 | EXPLAIN/ANSWER PATIENT/FAMILY QUESTIONS ABOUT BEHAVIORAL CHANGES, E.G. DEPRESSION, MEMORY LOSS |
| 15 | CHECK PUPIL REACTION TO LIGHT |
| 16 | PERFORM NEUROLOGICAL (CRANIAL) CHECKS, E.G. PUPILS, VITAL SIGNS, PATIENT RESPONSE |
| 17 | OBSERVE PATIENT'S ORIENTATION TO TIME, PLACE, PERSON |
| 18 | OBSERVE/REPORT PATIENT'S LEVEL OF RESPONSIVENESS |
| 19 | OBSERVE PATIENT'S PHYSICAL MOVEMENT, E.G. MUSCULAR COORDINATION, POSTURE, BALANCE |
| 20 | OBSERVE PATIENT'S ABILITY TO RECEIVE OR EXPRESS SPOKEN, WRITTEN OR PRINTED COMMUNICATION |
| 21 | CHECK PATIENT'S RESPONSE TO PAINFUL STIMULUS AND TEMPERATURE |
| 22 | CHECK PATIENT'S RESPONSE TO TOUCH, PRESSURE, TEMPERATURE |
| 23 | CHECK PATIENT'S SENSORY RESPONSES TO TASTE, SMELL |
| 24 | OBSERVE/DESCRIBE OR REPORT CHARACTERISTICS OF CONVULSIONS/SEIZURES |
| 25 | OBSERVE FOR/DESCRIBE OR REPORT CHARACTERISTICS OF TWITCHING, TREMORS, TICS |

| TASK NO. | ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 10 OF RESPONSE BOOKLET |
|----------|--------------------------------------------------------------------------------------------------------|
| 26 | CHECK BABINSKI REFLEX |
| 27 | CHECK ELBOW/KNEE-JERK, I.E. BICEPS/PATELLAR REFLEX |
| 28 | CHECK SWALLOWING REFLEX |
| 29 | CHECK BLINK REFLEX |
| 30 | IDENTIFY AND DESCRIBE CHANGES IN SAW LINE ON EEG MONITOR |
| 31 | EXPLAIN EEG PROCEDURE TO PATIENT |
| 32 | INSTRUCT PATIENT ON PRE AND POST SPINAL ANESTHESIA PROCEDURES |
| 33 | EXPLAIN/ANSWER PATIENTS' QUESTIONS ABOUT BEHAVIOR, TREATMENT OF ANOTHER PATIENT |
| 34 | PREVENT OR STOP FIGHTS |
| 35 | RESTRAIN/CONTROL PATIENT PHYSICALLY, E.G. ARM HOLD |
| 36 | PROTECT SELF/OTHER PATIENTS/VISITORS FROM AGITATED PATIENT |
| 37 | DIRECT PATIENT TO OUTLETS FOR RELEASE OF TENSION OR AGGRESSION, E.G. SPORTS, OTHER PHYSICAL ACTIVITIES |
| 38 | ADMINISTER TREATMENT/MEDICATION TO COMBATIVE/UNCOOPERATIVE PATIENT |
| 39 | OBSERVE FOR REPORT OR DESCRIBE VISUAL DISTURBANCES, E.G. BLURRED, DOUBLE, MIRROR, TUNNEL |
| 40 | HOLD FOCAL OBJECT FOR STRABISMUS EXAMINATION |
| 41 | DO VISUAL ACUITY TEST USING SNELLEN CHART |
| 42 | DO COLOR VISION TEST |
| 43 | REMOVE FOREIGN BODY FROM CONJUNCTIVAL SAC |
| 44 | IRRIGATE EYES |
| 45 | PATCH EYES |
| 46 | INSTRUCT PATIENT ON CARE AND USE OF CONTACT LENSES |
| 47 | INSERT/REMOVE GLASS EYE/CONTACT LENSES |
| 48 | OBSERVE FOR/DESCRIBE HEARING DISTURBANCES, E.G. RINGING, HEARING LOSS |
| 49 | EXAMINE TYMPANIC MEMBRANE FOR REDNESS, SWELLING |
| 50 | EXAMINE TYMPANIC MEMBRANE FOR PERFORATION |

TASK NO. ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 11
OF RESPONSE BOOKLET

- 1 EXAMINE EAR FOR EXCESS WAX
- 2 REMOVE SUPERFICIAL MATERIAL FROM EAR CANAL
- 3 IRRIGATE EARS
- 4 INSERT ANTERIOR NASAL PACKING
- 5 GIVE THROAT IRRIGATION/GARGLE
- 6 REMOVE SUPERFICIAL FOREIGN BODY FROM THROAT
- 7 IRRIGATE MOUTH/ORAL CAVITY
- 8 DEVELOP COMMUNICATION TECHNIQUES FOR PATIENT WITH COMMUNICATION PROBLEM, E.G. CARDS
- 9 EXPLAIN AUDIOGRAM TEST PROCEDURES TO PATIENT
- 10 GIVE CARE TO PATIENT WITH HEARING/SPEECH/SIGHT LOSS
- 11 FORCE FLUID INTAKE
- 12 RECORD/TALLY FLUID INTAKE AND OUTPUT
- 13 REPORT CHANGES OR IMBALANCES IN INTAKE AND OUTPUT
- 14 CALCULATE/PLAN ORAL FLUID RESTRICTIONS
- 15 OBSERVE FOR/REPORT SYMPTOMS OF DEHYDRATION
- 16 FEED OR HELP PATIENTS IN EATING
- 17 ADMINISTER TUBE FEEDING, E.G. N.G., GASTROSTOMY
- 18 FEED INFANTS/CHILDREN
- 19 PASS NOURISHMENTS TO PATIENTS
- 20 HELP PATIENT SELECT FOOD FROM MENU
- 21 MODIFY/CHANGE PATIENT'S DIET IN ACCORD WITH PERSONAL FOOD PREFERENCES
- 22 EXPLAIN/ANSWER QUESTIONS ABOUT THERAPEUTIC DIETS TO PATIENT/FAMILY
- 23 EXAMINE MOUTH AND PHARYNX FOR LESIONS, SORES, LEUKOPLAKIA
- 24 OBSERVE FOR/REPORT SYMPTOMS OF CARIES, SIMPLE AND ADVANCED
- 25 OBSERVE FOR/REPORT SYMPTOMS OF PERIODONTAL ABSCESS

TASK NO. ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 11
OF RESPONSE BOOKLET

- 26 OBSERVE FOR/REPORT SYMPTOMS OF DENTURE IRRITATION
- 27 OBSERVE FOR/REPORT SYMPTOMS OF INFECTION OF ORAL MUCOSA, E.G. THRUSH
- 28 APPLY PERIODONTAL PACKS
- 29 REDUCE DISLOCATED MANDIBLE
- 30 INSERT N.G./LEVINE TUBE
- 31 INSERT CANTOR, MILLER ABBOTT TUBE
- 32 ADVANCE CANTOR, MILLER ABBOTT TUBE OR STRING
- 33 LAVAGE STOMACH, I.E. IRRIGATE UNTIL CLEAR
- 34 IRRIGATE N.G., CANTOR, MILLER ABBOTT TUBES
- 35 IRRIGATE CECOSTOMY TUBE
- 36 IRRIGATE COLOSTOMY
- 37 GIVE CARE TO PATIENT WITH COLOSTOMY/ILEOSTOMY, E.G. APPLY DRESSING, SPECIAL APPLIANCE, DILATE STOMA
- 38 PERFORM COLONIC IRRIGATION
- 39 GIVE ENEMA
- 40 INSERT RECTAL TUBE
- 41 GIVE MEDICINAL/RETENTION ENEMA, E.G. BARIUM, OIL
- 42 REMOVE FECAL IMPACTION
- 43 PALPATE (FEEL) ABDOMEN FOR DISTENSION (HARDNESS/SOFTNESS)
- 44 AUSCULTATE ABDOMEN FOR BOWEL SOUNDS
- 45 OBSERVE FOR/REPORT SYMPTOMS OF DIARRHEA
- 46 OBSERVE FOR/REPORT SYMPTOMS OF FOOD POISONING
- 47 OBSERVE FOR/REPORT SYMPTOMS OF INTESTINAL WORMS
- 48 EXAMINE FOR/REPORT SYMPTOMS OF EXTERNAL HEMORRHOIDS
- 49 PERFORM BILIAPY DRAINAGE TEST
- 50 PERFORM PROCTOSCOPY

TURN PAGE

TASK NO. ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 12
OF RESPONSE BOOKLET

- 1 PERFORM SECRETIN PANCREATIC FUNCTION TEST
- 2 PERFORM AUGMENTED HISTALOG GASTRIC ANALYSIS
- 3 PERFORM FRACTIONAL GASTRIC ANALYSIS
- 4 PERFORM NOCTURNAL GASTRIC ANALYSIS
- 5 PERFORM INSULIN STIMULATED GASTRIC ANALYSIS
- 6 INSERT EWALD TUBE
- 7 INSERT GASTRIC COOLING BALLOON
- 8 INSERT SENGSTAKEN-BLAKEMORE TUBE
- 9 PALPATE (FEEL) BLADDER FOR DISTENSION (FULLNESS)
- 10 STRAIN URINE
- 11 OBSERVE FOR/REPORT SYMPTOMS OF URINARY TRACT INFECTION
- 12 EXAMINE FOR SYMPTOMS OF VENEREAL DISEASE
- 13 ASSIST PATIENT TO VOID BY CREDES METHOD
- 14 CATHETERIZE THE URINARY BLADDER, MALE
- 15 CATHETERIZE THE URINARY BLADDER, FEMALE
- 16 CATHETERIZE URINARY BLADDER, CHILDREN
- 17 IRRIGATE BLADDER (FOLEY CATHETER)
- 18 GIVE FOLEY CARE, E.G. CLEAN MEATUS, CLAMP TUBE, USE LEG BAG
- 19 REMOVE FOLEY CATHETER
- 20 IRRIGATE URETEROSTOMY TUBE
- 21 IRRIGATE SUPRAPUBIC TUBE
- 22 MAINTAIN CONTINUOUS BLADDER IRRIGATION
- 23 PERFORM TIDAL DRAINAGE
- 24 OBSERVE FOR/REPORT DECREASED URINE OUTPUT OF PATIENTS
SUSCEPTIBLE TO RENAL SHUTDOWN
- 25 GIVE CARE TO PATIENT ON PERITONEAL DIALYSIS, E.G. MIX AND
ADMINISTER DIALYSATE SOLUTIONS, RESTRICT FLUIDS

GO TO RIGHT HAND PAGE

| TASK NO. | ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 12 OF RESPONSE BOOKLET |
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| 26 | EVALUATE PATIENT'S INABILITY TO VOID |
| 27 | MEASURE MUSCLE GIRTH |
| 28 | MEASURE RANGE OF MOTION OF JOINTS |
| 29 | CHECK/OUTLINE AREA OF DRAINAGE ON CAST |
| 30 | OBSERVE/REPORT PATIENT'S MUSCLE TONE, E.G. RIGID, FLACCID, SPASTIC, SPASMS |
| 31 | PALPATE MUSCLES/TENDONS FOR CONTRACTION/CONTRACTURES |
| 32 | PALPATE COSTOVERTEBRAL ANGLE FOR DEFORMITIES/PAIN |
| 33 | PALPATE JOINTS FOR SWELLING, DEFORMITY, PAIN |
| 34 | OBSERVE FOR/REPORT SYMPTOMS/SIGNS OF SKELETAL DISLOCATION |
| 35 | EXAMINE FOR SIGNS OF SPRAINS |
| 36 | EXAMINE FOR SYMPTOMS OF FRACTURES |
| 37 | EXAMINE FOR EVIDENCE OF SPINAL CORD INJURIES |
| 38 | OBSERVE FOR/REPORT SYMPTOMS OF OSTEOMYELITIS |
| 39 | EXAMINE CHILD'S FEET FOR PIGEON TOE (TALIPES VARUS) |
| 40 | GIVE HYDROTHERAPY TO HELP PATIENT ACHIEVE RANGE OF MOTION |
| 41 | GIVE HYDROTHERAPY FOR 'WARM UP' PRIOR TO EXERCISE |
| 42 | GIVE HYDROTHERAPY TO INCREASE CIRCULATION |
| 43 | GIVE HYDROTHERAPY TO REDUCE INFECTIONS/CLEAN WOUNDS |
| 44 | ADJUST HYDROTHERAPY BATH ACCORDING TO PATIENT'S CONDITION, E.G. ADDITIVE, AGITATION, TEMPERATURE |
| 45 | TEACH ACTIVE RANGE OF MOTION EXERCISES |
| 46 | ASSIST PATIENT IN PERFORMING ACTIVE ASSISTIVE RANGE OF MOTION EXERCISES |
| 47 | GIVE PASSIVE STRETCH AGAINST CONTRACTURE |
| 48 | GIVE PASSIVE RANGE OF MOTION EXERCISES |
| 49 | GIVE FRICTION MASSAGE |
| 50 | INSTRUCT PATIENT HOW TO ACTIVELY STRETCH CONTRACTURE |

| TASK NO. | ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 13 OF RESPONSE BOOKLET |
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| 1 | INSTRUCT PATIENT IN EXERCISES TO ACHIEVE/STRENGTHEN HAND GRASP |
| 2 | INSTRUCT PATIENT IN EXERCISES TO ACHIEVE/STRENGTHEN FINGER DEXTERITY |
| 3 | TEACH PATIENT TO USE CANES |
| 4 | TEACH PATIENT TO USE AXILLARY CRUTCHES |
| 5 | TEACH PATIENT TO USE LOFSTRAND CRUTCHES |
| 6 | TEACH PATIENT TWO POINT CRUTCH GAIT |
| 7 | TEACH PATIENT FOUR POINT CRUTCH GAIT |
| 8 | TEACH PATIENT SWING TO OR SWING THROUGH GAIT |
| 9 | TEACH PATIENT WITH CRUTCHES TO ASCEND/DESCEND STAIRS AND RAMP |
| 10 | TEACH PATIENT THREE POINT CRUTCH GAIT |
| 11 | TEACH PATIENT/FAMILY TRANSFER TECHNIQUES, F.G. BED TO CHAIR, CHAIR TO COMMODE |
| 12 | DETERMINE TIME FOR APPLICATION/REMOVAL OF CAST |
| 13 | DETERMINE NEED TO TRIM OR BIVALVE CAST |
| 14 | APPLY RIB BFLT |
| 15 | TAPE ANKLE, WRIST, KNEE, CHEST FOR IMMOBILIZATION |
| 16 | APPLY/REMOVE SLING, E.G. ARM, LEG |
| 17 | APPLY/REMOVE SPLINT |
| 18 | APPLY/REMOVE PROSTHETIC APPLIANCE |
| 19 | APPLY/REMOVE BRACE |
| 20 | APPLY BODY PLASTER CAST (SPICA) |
| 21 | APPLY CERVICAL COLLAR PLASTER CAST |
| 22 | APPLY HIP SPICA PLASTER CAST |
| 23 | APPLY LONG LEG CYLINDER PLASTER CAST |
| 24 | APPLY LONG LEG PLASTER CAST OTHER THAN CYLINDER CAST |
| 25 | APPLY SHORT LEG PLASTER CAST |

GO TO RIGHT HAND PAGE

| TASK NO. | ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 13 OF RESPONSE BOOKLET |
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| 26 | APPLY TRACTION SPLINTS |
| 27 | APPLY LONG ARM PLASTER CAST |
| 28 | APPLY VELDPAU PLASTER CAST |
| 29 | APPLY SHORT ARM PLASTER CAST |
| 30 | APPLY GAUNTLET/NAVICULAR PLASTER CAST |
| 31 | APPLY HAND PLASTER CAST |
| 32 | APPLY EXTENSION (HYPER) PLASTER JACKET |
| 33 | APPLY FLEXION PLASTER JACKET |
| 34 | APPLY CALOT PLASTER JACKET |
| 35 | APPLY PLASTER LEG SPLINT |
| 36 | APPLY PLASTER ARM SPLINT |
| 37 | APPLY FINGER/HAND SPLINT |
| 38 | APPLY CLUB FOOT PLASTER CAST |
| 39 | APPLY REESER PLASTER JACKET |
| 40 | APPLY SARMIENTO PLASTER CAST |
| 41 | APPLY MINERVA JACKET PLASTER CAST |
| 42 | APPLY WALKING PLASTER CAST |
| 43 | APPLY QUADRALATERAL PLASTER CAST (FOR FRACTURED FEMUR) |
| 44 | BIVALVE/WINDOW/TRIM PLASTER CAST |
| 45 | REMOVE PLASTER CAST |
| 46 | GIVE CARE TO PATIENT IN A CAST, E.G. PAD/PETAL CAST, TURN |
| 47 | GIVE CRUTCHFIELD TONG CARE |
| 48 | TAKE PATIENT IN AND OUT OF TRACTION |
| 49 | DETERMINE NEED AND INITIATE REALIGNMENT OF TRACTION, E.G. LINE OF PULL, CHANGE IN WEIGHT |
| 50 | PLACE STUMP IN SKIN TRACTION |

TURN PAGE

| TASK NO. | ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 14 OF RESPONSE BOOKLET |
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| 1 | PLACE PATIENT IN CERVICAL HALTER TRACTION |
| 2 | PLACE PATIENT IN BRYANT'S TRACTION |
| 3 | PLACE PATIENT IN BUCK'S TRACTION |
| 4 | PLACE PATIENT IN RUSSELL TRACTION |
| 5 | PLACE PATIENT IN SKELETAL TRACTION WITH THOMAS SPLINT |
| 6 | PLACE PATIENT IN BALANCED SUSPENSION TRACTION |
| 7 | PLACE PATIENT IN T-SPLINT CLAVICLE TRACTION |
| 8 | PLACE PATIENT IN DUNLOP'S ARM TRACTION |
| 9 | PLACE PATIENT IN PELVIC TRACTION |
| 10 | PLACE PATIENT IN SKULL TRACTION WITH CRUTCHFIELD TONGS |
| 11 | REMOVE ORTHOPEDIC PIN, I.E. SKELETAL TRACTION |
| 12 | GIVE EMERGENCY TREATMENT/FIRST AID FOR FRACTURES |
| 13 | SET FRACTURE, I.E. CLOSED REDUCTION |
| 14 | FABRICATE SPLINTS FOR PREVENTION/CORRECTION OF ORTHOPEDIC DEFORMITY |
| 15 | FABRICATE FRACTURE SPLINT |
| 16 | FABRICATE ORTHOPEDIC SHOE CORRECTION |
| 17 | FABRICATE PATTERN FOR MOULDS |
| 18 | FABRICATE PLASTIC HEAD CAPS |
| 19 | EXPLAIN X-RAY PROCEDURES TO PATIENT |
| 20 | EXPLAIN RADIATION THERAPY PROCEDURES TO PATIENT |
| 21 | EXPLAIN RADIATION SAFETY MEASURES TO PATIENT ON RADIOTHERAPY |
| 22 | GIVE CARE TO PATIENT WHO HAS RADIOACTIVE IMPLANT, E.G. RADIUM |
| 23 | TAKE ROUTINE CERVICAL SPINE X-RAYS |
| 24 | TAKE ROUTINE CHEST X-RAYS |
| 25 | TAKE ROUTINE LUMBAR SPINE X-RAYS |

| TASK NO. | ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 14 OF RESPONSE BOOKLET |
|----------|----------------------------------------------------------------------------------|
| 26 | TAKE ROUTINE X-RAYS OF LOWER EXTREMITIES |
| 27 | TAKE ROUTINE X-RAYS OF UPPER EXTREMITIES |
| 28 | TAKE ROUTINE ABDOMINAL X RAYS |
| 29 | TAKE ROUTINE X-RAYS OF KIDNEY/UPUTER/BLADDER |
| 30 | DETERMINE EXPOSURE TECHNIQUE FOR X-RAY SERIES |
| 31 | DETERMINE AND SET KILOVOLTAGE-MAJOR/MINOR-PEAK METER ON X-RAY UNIT |
| 32 | DETERMINE AND SET MA METER ON X-RAY UNIT |
| 33 | DETERMINE AND SET IMPULSE TIMER ON X-RAY UNIT |
| 34 | SELECT ALTERNATIVE TECHNIQUES IN SETTING X-RAY UNIT |
| 35 | TAKE X-RAYS WITH A CEPHALIC TUBE TILT |
| 36 | TAKE X-RAYS WITH A CAUDAL TUBE TILT |
| 37 | TAKE X-RAYS USING SCREEN TECHNIQUE |
| 38 | TAKE X-RAYS USING FIXED GRID TECHNIQUE |
| 39 | TAKE X-RAYS USING CARDBOARD TECHNIQUE |
| 40 | TAKE X-RAYS USING BUCKY TECHNIQUE |
| 41 | REPEAT SHOOTING OF X-RAY UNTIL X-RAY IS READABLE |
| 42 | INFORM DOCTOR OF UNEXPECTED X-RAY FINDINGS |
| 43 | READ X-RAY FILMS FOR TECHNICAL ADEQUACY |
| 44 | POINT OUT POSSIBLE ABNORMALITIES ON X-RAY FILM TO DOCTOR |
| 45 | DETECT BONE ABNORMALITIES ON X-RAY FILM |
| 46 | ADMINISTER DOUCHE |
| 47 | REMOVE VAGINAL PACKING |
| 48 | MEASURE FUNDAL HEIGHT DURING PREGNANCY |
| 49 | CHECK FETAL HEART BEAT RATE/RHYTHM/VOLUME |
| 50 | PALPATE UTERUS FOR LENGTH, STRENGTH AND FREQUENCY OF CONTRACTIONS |

TURN PAGE

TASK NO. ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 15
OF RESPONSE BOOKLET

- 1 PALPATE UTERUS TO DETERMINE POSITION AND PRESENTATION OF FETUS
- 2 PALPATE BREASTS FOR ENGORGEMENT
- 3 PALPATE FUNDUS/UTERUS FOR FIRMNESS AND/OR LEVEL OF INVOLUTION
- 4 MASSAGE FUNDUS OF POSTPARTUM PATIENT
- 5 CHECK PATIENT IN LABOR FOR CROWNING/BREECH/CORD
- 6 OBSERVE/RECORD OR DESCRIBE CHARACTERISTICS OF DRAINAGE FROM VAGINA, E.G. LOCHIA
- 7 PALPATE BREASTS FOR MASSES/NODES
- 8 EXAMINE NIPPLE FOR SORES/CRACKING
- 9 CHECK PATIENT IN LABOR FOR TEARS OF PERINEUM
- 10 ADMINISTER/PROVIDE TRILENE MASK TO PATIENT
- 11 HELP WOMAN BEAR DOWN/RELAX DURING LABOR
- 12 DELIVER BABY
- 13 DELIVER PLACENTA
- 14 CUT UMBILICAL CORD AND APPLY CLAMP
- 15 COUNT CORD VESSELS
- 16 GIVE PERINEAL CARE
- 17 PUMP BREAST OF POSTPARTUM PATIENT
- 18 HELP NEW MOTHER BREAST FEED/BOTTLE FEED NEWBORN
- 19 INSTRUCT WOMEN IN LABOR ON METHODS OF RELAXATION, BREATHING, BEARING DOWN
- 20 EXPLAIN/ANSWER QUESTIONS ABOUT METHODS OF CONTRACEPTION
- 21 EXPLAIN/ANSWER MOTHER'S QUESTIONS REGARDING POST PARTUM CARE
- 22 TEACH POST PARTUM CLASSES, E.G. BABY BATH DEMONSTRATIONS, FEEDINGS
- 23 TEACH PRENATAL EXERCISES
- 24 TEACH WOMEN SELF BREAST EXAMINATION
- 25 REASSURE APPREHENSIVE PARENTS OF PEDIATRIC PATIENT

| TASK NO. | ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 15 OF RESPONSE BOOKLET |
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| 26 | REASSURE/CALM CHILDREN FOR EXAMINATION OR TREATMENT |
| 27 | RESTRAIN/CONTROL CHILDREN FOR EXAMINATION/TREATMENT/TEST |
| 28 | HOLD/CARRY NEWBORN/INFANTS |
| 29 | HOLD/CARRY/ROCK CHILDREN |
| 30 | PLAY WITH CHILDREN |
| 31 | CHANGE DIAPERS |
| 32 | WASH NEW BORN BABIES |
| 33 | BATHE INFANTS/CHILDREN |
| 34 | WEIGH BABIES |
| 35 | PREPARE AND TAKE INFANTS TO MOTHER |
| 36 | TAKE INFANT'S VITAL SIGNS |
| 37 | MEASURE BABIES' ABDOMEN, CHEST, HEAD, LENGTH |
| 38 | MEASURE SKULL |
| 39 | RATE APGAR |
| 40 | PLOT GROWTH CURVE, E.G. BOSTON CURVE |
| 41 | IDENTIFY/REPORT ABNORMAL CRY OF BABY, E.G. WEAK, HIGH PITCHED |
| 42 | OBSERVE INFANT'S SUCKING ABILITY |
| 43 | GIVE PREMATURE INFANT CARE, E.G. BATHE, FEED, POSITION IN INCUBATOR |
| 44 | SUCTION INFANT |
| 45 | GAVAGE PREMATURE INFANT |
| 46 | GIVE UMBILICAL CORD CARE, E.G. CLEAN, DRESS CORD, REMOVE CLAMP |
| 47 | PLACE BABY IN PHOTOTHERAPY(BILIRUBIN LIGHT) |
| 48 | TAPE UMBILICAL HERNIA |
| 49 | CHECK TONIC NECK REFLEX (FENCING POSITION) |
| 50 | CHECK ROOTING REFLEX |

TURN PAGE

| TASK NO. | ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 16 OF RESPONSE BOOKLET |
|----------|-----------------------------------------------------------------------------------------|
| 1 | CHECK SUCKING REFLEX |
| 2 | CHECK STARTLE REFLEX/MORO REFLEX |
| 3 | PERFORM DEVELOPMENTAL SCREENING EXAMINATION OF CHILDREN, E.G. DENVER DEVELOPMENTAL |
| 4 | OBTAIN DEVELOPMENTAL HISTORY OF CHILD |
| 5 | OBTAIN BIRTH HISTORY |
| 6 | OBSERVE AND DESCRIBE PARENT-CHILD INTERACTION |
| 7 | OBSERVE CHILDREN FOR AND DESCRIBE SYMPTOMS OF HYPERACTIVITY |
| 8 | EXPLAIN/ANSWER PARENT'S QUESTIONS REGARDING NEWBORN CARE |
| 9 | EXPLAIN/ANSWER PARENT'S QUESTIONS ON CHILD DEVELOPMENT PROBLEMS, E.G. TOILET TRAINING |
| 10 | EXPLAIN/ANSWER PARENT'S QUESTIONS CONCERNING WELL BABY CARE |
| 11 | INSTRUCT PARENT ON PREPARATION OF INFANT FORMULA |
| 12 | INSTRUCT PATIENT/FAMILY ON POST IMMUNIZATION CARE AND SCHEDULE |
| 13 | COUNSEL PARENT ON SEX EDUCATION OF CHILDREN |
| 14 | TEACH PARENT RECOGNITION AND PREVENTION OF FOOD ALLERGIES IN CHILDREN |
| 15 | INSTRUCT PARENTS ON CARE OF CHILDREN WITH COMMUNICABLE DISEASES, E.G. MEASLES, MUMPS |
| 16 | INSTRUCT PARENT IN POST-OP CARE OF CHILD WITH POLYETHELENE TUBE IN EAP |
| 17 | TALK WITH PATIENT TO ASCERTAIN NEEDS/PROBLEMS |
| 18 | ELICIT INFORMATION TO ASCERTAIN PATIENT'S UNDERSTANDING/ACCEPTANCE OF ILLNESS/TREATMENT |
| 19 | CONFER WITH PATIENT/FAMILY TO PLAN PATIENT CARE |
| 20 | REVIEW PAST AND PRESENT MEDICAL/DENTAL HISTORY TO PLAN CARE |
| 21 | EVALUATE PATIENT'S SOCIO-CULTURAL BACKGROUND FOR INFLUENCES ON HEALTH CARE |
| 22 | CONDUCT TEAM/WARD CONFERENCE (CLASS) ON PROBLEM/PROGRESS OF INDIVIDUAL PATIENT |
| 23 | PREPARE A CARE PLAN FOR PATIENT |
| 24 | SUGGEST CHANGES IN NURSING CARE PLAN FOR PATIENT |
| 25 | INITIATE AND IMPLEMENT CHANGE IN PATIENT CARE PLAN |

| TASK NO. | ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 16 OF RESPONSE BOOKLET |
|----------|---------------------------------------------------------------------------------------------------------|
| 26 | EVALUATE PATIENT'S PROGRESS/RESPONSE TO THERAPEUTIC REGIME |
| 27 | EVALUATE QUALITY OF NURSING CARE GIVEN TO INDIVIDUAL PATIENT |
| 28 | COORDINATE PATIENT TREATMENT PLAN WITH OTHER DEPARTMENTS/ AGENCIES |
| 29 | CONFER WITH PARAMEDICAL PERSONNEL TO DISCUSS PATIENT PROGRESS/ PROBLEMS, E.G. O.T., P.T., SOCIAL WORKER |
| 30 | RECOMMEND PSYCHOLOGICAL APPROACH TO USE WITH PATIENT |
| 31 | PLAN RECREATIONAL/DIVERSIONAL THERAPY/ACTIVITIES FOR PATIENT, E.G. MOVIES, FIELD TRIPS |
| 32 | CONFER WITH CHAPLAIN TO DISCUSS PATIENT/FAMILY NEEDS/PROBLEMS |
| 33 | RECOMMEND NEED FOR SPECIALTY CONSULT/REFERRAL |
| 34 | RECOMMEND NEED FOR PARAMEDICAL CONSULT OR REFERRAL, E.G. SOCIAL WORKER, O.T., P.T. |
| 35 | REFER PATIENT TO LEGAL RESOURCES |
| 36 | FOLLOW UP PATIENT TO DETERMINE IF NEEDED SERVICES WERE OBTAINED |
| 37 | INTERVIEW/EVALUATE PATIENT/FAMILY FOR REFERRAL/CONSULT |
| 38 | PLAN PATIENT DISCHARGE, E.G. REFERRALS NEEDED, HEALTH EDUCATION NEEDS, FAMILY/HOME PREPARATION |
| 39 | INSTRUCT FAMILY IN CARE OF PATIENT ON PASS/LEAVE, E.G. PATIENT LIMITATIONS, POTENTIAL PROBLEMS |
| 40 | EVALUATE PATIENT/FAMILY RESOURCES/PREPARATION FOR ADMISSION/ DISCHARGE, E.G. TRANSPORTATION, CHILD CARE |
| 41 | FOLLOW UP/EVALUATE PATIENT TREATMENT/PROGRESS AFTER DISCHARGE FROM MEDICAL FACILITY |
| 42 | FOLLOW UP FAILED APPOINTMENT, E.G. BY PHONE, LETTER, HOME VISIT |
| 43 | RECOMMEND OCCUPATION/NAVY ENVIRONMENT FOR PATIENT TO DOCTOR PLANNING DISCHARGE |
| 44 | INFORM PATIENT OF CLUBS ESTABLISHED FOR PEOPLE WITH SPECIFIC DISEASES |
| 45 | SUGGEST BOOKS (FICTION/NON-FICTION) TO PATIENT FOR THERAPEUTIC PURPOSES |
| 46 | ENCOURAGE PATIENT TO PARTICIPATE IN SOCIAL ACTIVITIES, E.G. PARTIES, SPORTS |
| 47 | INFORM PATIENT OF THERAPEUTIC TRAINING PROGRAMS, E.G. LIP READING CLASSES |
| 48 | DETERMINE TYPE OF LECTURES AND CONSULTANTS FOR PATIENT INSTRUCTION |
| 49 | INFORM PATIENT/FAMILY OF VA HOSPITAL BENEFITS |
| 50 | EVALUATE PSYCHOLOGICAL NEEDS OF PATIENT IN RELATION TO HIS PHYSICAL DISABILITY |

TASK NO. ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 17
OF RESPONSE BOOKLET

- 1 ENCOURAGE PATIENT INDEPENDENCE AND/INVOLVEMENT IN SELF CARE
- 2 REINFORCE PATIENT'S POSITIVE RESPONSE TO THERAPY
- 3 INFORM PATIENT OF PROGRESS OF THERAPY
- 4 PROGRESSIVELY LESSEN PATIENT'S DEPENDENCY ON MEDICAL PERSONNEL
- 5 CONDUCT CLASSES FOR GROUPS OF PATIENTS REGARDING CARE OF SPECIFIC DISABILITY/DISEASE
- 6 TEACH PATIENT/FAMILY CARE OF SPECIFIC DISEASES/DISABILITIES, E.G. DIABETES, CVA
- 7 RECOMMEND/GIVE PATIENT/FAMILY SUPPLEMENTARY HEALTH EDUCATION PAMPHLETS OR BOOKS
- 8 TEACH PATIENT/FAMILY SELF USE OF THERAPEUTIC EQUIPMENT/DEVICES
- 9 TEACH PATIENT/FAMILY NURSING CARE PROCEDURES, E.G. DRESSING CHANGE, CAST CARE
- 10 COUNSEL FAMILY IN CARE OF GERIATRIC PATIENT
- 11 TEACH PATIENT/FAMILY HEALTH PROMOTION PRACTICES, E.G. ROUTINE PHYSICALS, EXERCISE, DIET
- 12 TEACH GENERAL MENTAL HEALTH CONCEPTS
- 13 EXPLAIN/ANSWER QUESTIONS ABOUT VENEREAL DISEASE, E.G. PREVENTION, SYMPTOMS
- 14 TEACH PATIENT/FAMILY HOME ACCIDENT PREVENTION
- 15 TEACH PATIENT/FAMILY WARNING SIGNS OF CANCER
- 16 EXPLAIN PREVENTIVE/CORRECTIVE MEASURES FOR DERMATITIS
- 17 INSTRUCT PATIENT IN PREVENTIVE CARE OF FINGER AND TOENAIL ABNORMALITIES
- 18 TEACH PATIENT SELF-CARE PREVENTIVE DENTISTRY MEASURES, E.G. USE OF TOOTHBRUSH, WATER PIC
- 19 INFORM PATIENT/FAMILY OF MILITARY SERVICES, E.G. NAVY RELIEF, VETERANS BENEFITS
- 20 INFORM PATIENT/FAMILY WHERE TO OBTAIN MEDICAL SUPPLIES
- 21 INFORM PATIENT ON AVAILABILITY OF SERVICES IN THE COMMUNITY, E.G. LEGAL AID, EMPLOYMENT
- 22 INFORM PATIENT/FAMILY OF RECREATIONAL ACTIVITIES IN THE COMMUNITY, E.G. SENIOR CITIZEN CLUB
- 23 LISTEN TO PATIENT/FAMILY DISCUSS THEIR PERSONAL PROBLEMS
- 24 COUNSEL PATIENT WITH TERMINAL ILLNESS OF HIS FAMILY
- 25 LISTEN TO PATIENT/FAMILY EXPRESS FEELINGS ON DEATH

GO TO RIGHT HAND PAGE

| TASK NO. | ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 17 OF RESPONSE BOOKLET |
|----------|--------------------------------------------------------------------------------------------|
| 26 | COMFORT THE DYING PATIENT OR HIS FAMILY |
| 27 | LISTEN TO PATIENT/FAMILY EXPRESS FEELINGS, E.G. GRIEF, GUILT |
| 28 | PROVIDE SUPPORT/REASSURE FAMILY OF PATIENT'S CONDITION/PROGRESS |
| 29 | SELECT LENGTH OF TIME NEEDED FOR RENAL DIALYSIS |
| 30 | CONNECT/DISCONNECT PATIENT TO/FROM ARTIFICIAL KIDNEY |
| 31 | MAINTAIN DIALYSIS FLOW RATE |
| 32 | MAINTAIN ARTIFICIAL KIDNEY BATH SOLUTIONS AND TEMPERATURE DURING DIALYSIS |
| 33 | CHECK BRUITS TO INTERPRET BLOOD FLOW THROUGH ARTERIAL/VENOUS SHUNTS |
| 34 | GIVE ARTERIAL/VENOUS SHUNT CARE |
| 35 | DELOT ARTERIAL/VENOUS SHUNT |
| 36 | MAINTAIN VENOUS PRESSURE IN ACCORDANCE WITH ULTRAFILTRATION REQUIREMENTS |
| 37 | GIVE EMERGENCY TREATMENT/FIRST AID FOR COIL LEAK/RUPTURE DURING HEMODIALYSIS |
| 38 | DO REGIONAL HEPARINIZATION USING A PROTAMINE INFUSION |
| 39 | REGULATE PATIENT'S FLUID AND ELECTROLYTE BALANCE DURING DIALYSIS |
| 40 | INTERPRET LABORATORY FINDINGS TO MODIFY DIALYSIS ROUTINE ACCORDING TO SPECIFIED GUIDELINES |
| 41 | EVALUATE PATIENT PROGRESS AND RESPONSE TO DIALYSIS |
| 42 | DETERMINE/ALTER HEPARIN DOSE ACCORDING TO SPECIFIED CLOTTING TIMES |
| 43 | OBSERVE/REPORT SYMPTOMS OF HYPOVOLEMIA SHOCK ON KIDNEY (OVER ULTRAFILTRATION) |
| 44 | OBSERVE FOR/REPORT SYMPTOMS OF HYPERNATREMIA, HYPERKALEMIA, UREMIA |
| 45 | TEACH PATIENT/FAMILY HOME DIALYSIS |
| 46 | PREPARE PATIENT PSYCHOLOGICALLY FOR LONG TERM TREATMENT |
| 47 | PREPARE PATIENT PSYCHOLOGICALLY FOR ORGAN TRANSPLANT |
| 48 | ASK/INSTRUCT PATIENT TO COLLECT SPECIMEN |
| 49 | CHECK WITH PATIENT TO ENSURE THAT HE HAS COLLECTED SPECIMEN AS INSTRUCTED |
| 50 | PICK UP/DELIVER SPECIMENS |

LEFT PAGE 18 GENERAL CORPSMAN TASK BOOKLET

| TASK NO. | ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 18 OF RESPONSE BOOKLET |
|----------|---------------------------------------------------------------------------------|
| 1 | PREPARE, LABEL AND SEND ROUTINE SPECIMENS E.G. URINE, BLOOD TO LABORATORY |
| 2 | PREPARE, LABEL AND SEND STOOL SAMPLE FOR OVA AND PARASITE TESTING |
| 3 | PREPARE, LABEL AND SEND CULTURE SPECIMENS TO LABORATORY |
| 4 | PREPARE, LABEL AND SEND BIOPSY SPECIMENS TO LABORATORY |
| 5 | PREPARE, LABEL AND SEND SPINAL FLUID SPECIMEN TO LABORATORY |
| 6 | COLLECT BLOOD BY VENIPUNCTURE |
| 7 | COLLECT CAPILLARY BLOOD SAMPLE, I.E. FROM FINGER TIP, TOE OR EAR LOBE |
| 8 | COLLECT BLOOD FROM CHILDREN/INFANTS |
| 9 | COLLECT BLOOD SAMPLES FOR DETERMINATION OF GASES |
| 10 | COLLECT HEEL PUNCH BLOOD SPECIMEN FOR PKU TESTING |
| 11 | CLIP FINGER/TOENAILS FOR PKU TESTING |
| 12 | DO PKU DIAPER TEST |
| 13 | COLLECT CORD BLOOD SAMPLES |
| 14 | COLLECT TIMED SPECIMENS, E.G. 24 HOUR URINE, BLOOD FOR GLUCOSE TOLERANCE |
| 15 | COLLECT URINE SPECIMEN FROM INFANTS |
| 16 | ASSIST PATIENT IN COLLECTING CLEAN CATCH URINE |
| 17 | COLLECT SPUTUM SPECIMEN BY SUCTION TRAP |
| 18 | TAKE NASAL/EAR/THROAT SPECIMEN BY STERILE SWAB |
| 19 | COLLECT THROAT/NOSE/EAR CAVITY SECRETIONS/SPECIMEN BY SUCTION TRAP |
| 20 | ASPIRATE GASTRIC SECRETION FOR ANALYSIS |
| 21 | ASPIRATE DUODENAL SECRETIONS FOR ANALYSIS |
| 22 | DO A SALINE WASH OF G.I. TRACT FOR CYTOLOGY STUDIES |
| 23 | TAKE VAGINAL SMEAR FROM PATIENT |
| 24 | SCRAPE CERVICAL ORIFICE FOR PAP SMEAR SPECIMEN |
| 25 | ASPIRATE POSTERIOR FORNIX FOR PAP SMEAR SPECIMEN |

GO TO RIGHT HAND PAGE

| TASK NO. | ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 16 OF RESPONSE BOOKLET |
|----------|--------------------------------------------------------------------------------------------------|
| 26 | COLLECT RADIOACTIVE SPECIMEN |
| 27 | TAKE WOUND SPECIMEN FROM PATIENT |
| 28 | TAKE PUS SPECIMEN FROM PATIENT |
| 29 | TAKE SKIN SCRAPE SPECIMEN FROM PATIENT |
| 30 | TAKE SWAB CULTURES FROM HOSPITAL EQUIPMENT/FLOORS |
| 31 | TAKE SWAB TEST SAMPLES FROM FOOD AND BEVERAGE OUTLET/CONTAINERS |
| 32 | PREPARE QUALITY CONTROL CULTURES |
| 33 | PREPARE, LABEL AND SEND PLACENTA TO LABORATORY |
| 34 | PREPARE ROUTINE STAINS |
| 35 | PREPARE SPECIAL STAINS |
| 36 | PREPARE BLOOD FILM ON SLIDE |
| 37 | STREAK CULTURE MEDIA |
| 38 | PREPARE STAINED SPECIMENS USING VITAL STAIN |
| 39 | PREPARE STAINED SPECIMENS USING CELLULAR STAIN E.G. GRAM |
| 40 | PREPARE STAINED SPECIMENS USING FLAGELLAR STAIN |
| 41 | PREPARE STAINED SPECIMENS USING CAPSULE STAIN |
| 42 | PREPARE SMEARS FOR MICROSCOPIC ANALYSIS |
| 43 | PREPARE PERMANENT WET MOUNTS |
| 44 | MOUNT TISSUE SLIDES |
| 45 | WASH/PREPARE GLASSWARE FOR LAB USE, INCLUDING SPECIAL PREPARATION, E.G. ACID WASH, SILICONE COAT |
| 46 | MEASURE/DILUTE/PRESERVE LAB SPECIMEN E.G. URINE, BLOOD FOR SUBSEQUENT TESTING |
| 47 | PREPARE/PRESERVE ROUTINE (NON-TISSUE) LAB SPECIMEN FOR SHIPMENT |
| 48 | CENTRIFUGE BLOOD AND SEPARATE SERUM OR PLASMA |
| 49 | CENTRIFUGE URINE |
| 50 | CALCULATE AND PREPARE PERCENT SOLUTIONS |

| TASK NO. | ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 19 OF RESPONSE BOOKLET |
|----------|---------------------------------------------------------------------------------|
| 1 | CALCULATE AND PREPARE NORMAL/MOLAR SOLUTIONS |
| 2 | PREPARE BUFFER SOLUTIONS |
| 3 | USE LOCALLY DEVELOPED MANUALS/GUIDES TO FOLLOW ANALYTICAL PROCEDURES |
| 4 | USE COMMERCIAL MANUALS TO FOLLOW ANALYTICAL PROCEDURES |
| 5 | READ EQUIPMENT MANUALS FOR OPERATION AND MAINTENANCE OF EQUIPMENT |
| 6 | CONVERT CENTIGRADE TEMPERATURE TO FAHRENHEIT OR VICE VERSA |
| 7 | PLOT READING/VALUES ON RECTILINEAR GRAPH PAPER |
| 8 | PREPARE/PRESERVE CORPSE/BODY PARTS FOR SHIPMENT |
| 9 | INVESTIGATE TRANSFUSION REACTION |
| 10 | LOOK UP NORMAL VALUES FOR LABORATORY TESTS FROM REFERENCE TABLE/BOOK |
| 11 | PREPARE/PRESERVE CORPSE/BODY PARTS FOR SHIPMENT |
| 12 | CHECK SPECIFIC GRAVITY OF URINE |
| 13 | CHECK URINE PH BY PAPER STRIP/DIP STIK |
| 14 | CHECK URINE SUGAR BY DIP STIK/CLINITEST |
| 15 | CHECK URINE PROTEIN BY DIP STIK |
| 16 | CHECK URINE FOR ACETONE/KETONE BODIES |
| 17 | CHECK URINE FOR PHENYLPYRUVIC ACID BY DIP STIK (PKU) |
| 18 | TEST FOR OCCULT BLOOD USING CHEMICAL SOLUTION E.G. GUAIAC |
| 19 | TEST FOR OCCULT BLOOD USING HEMATEST TABLETS |
| 20 | TEST FOR SYPHILLIS USING RPR CARD |
| 21 | MEASURE BLOOD GLUCOSE LEVEL BY DEXTROSTIK |
| 22 | CHECK BUN CONCENTRATION USING UROGRAPH STRIP |
| 23 | EXAMINE URINE FOR CASTS /PUS/RBC |
| 24 | TEST URINE FOR BENGE-JONES PROTEIN |
| 25 | DETERMINE BLOOD HEMOGLOBIN CONCENTRATIONS |

| TASK NO. | ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 19 OF RESPONSE BOOKLET |
|----------|----------------------------------------------------------------------------------|
| 26 | CHECK BLOOD HEMATOCRIT |
| 27 | DETERMINE COAGULATION (CLOTTING) TIME |
| 28 | DO MICRO-HEMATOCRIT (NON-AUTOMATED METHOD) |
| 29 | DETERMINE WHITE BLOOD CELL COUNT |
| 30 | DETERMINE RED BLOOD CELL COUNT |
| 31 | PREPARE WHITE BLOOD COUNT SAMPLES FOR HEMOCYTOMETER COUNTING |
| 32 | DETERMINE DIFFERENTIAL BLOOD CELL COUNTS |
| 33 | DETERMINE BLOOD PH |
| 34 | DETERMINE CO ₂ CONTENT OF BLOOD/PLASMA |
| 35 | DETERMINE O ₂ CONTENT OF BLOOD/PLASMA |
| 36 | DETERMINE CO CONTENT OF BLOOD/PLASMA |
| 37 | CALCULATE O ₂ CAPACITY OF HEMOGLOBIN |
| 38 | TEST FOR THE PRESENCE OF BACTERIA IN OTHER BODY SECRETIONS, E.G. NASAL, SPINAL |
| 39 | IDENTIFY BACTERIA BY STAINING METHODS |
| 40 | IDENTIFY BACTERIA BY BASIC CULTURE TECHNIQUES |
| 41 | DO VDRL TEST, QUALITATIVE |
| 42 | DO VDRL DETERMINATION, QUANTITATIVE |
| 43 | TEST FOR THE PRESENCE OF BACTERIA IN BLOOD/SERUM/PLASMA |
| 44 | CHECK FOR BACTERIAL PRESENCE IN URINE BY MICROSCOPIC EXAMINATION |
| 45 | TEST FOR FUNGUS USING STAINING TECHNIQUES |
| 46 | TEST FOR FUNGUS USING CULTURE TECHNIQUES |
| 47 | TEST FOR FECAL FAT BY STAINING METHOD |
| 48 | EMULSIFY FECES FOR TESTING |
| 49 | MICROSCOPICALLY EXAMINE FECES FOR OVA AND PARASITES |
| 50 | IDENTIFY CESTODES, NEMATODES, OR TREMATODES |

| TASK NO. | ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 20 OF RESPONSE BOOKLET |
|----------|---------------------------------------------------------------------------------|
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- | | |
|----|---------------------------------------------------------------|
| 1 | IDENTIFY AMOEBA |
| 2 | IDENTIFY PROTOZOA |
| 3 | RECOVER INTESTINAL PROTOZOA BY FLOTATION METHOD |
| 4 | RECOVER INTESTINAL PROTOZOA BY ETHER CONCENTRATION |
| 5 | PREPARE MIF |
| 6 | DETERMINE PH OF GASTRIC JUICE |
| 7 | CALCULATE HCL CONCENTRATION OF GASTRIC JUICE |
| 8 | CALCULATE TOTAL HCL OUTPUT |
| 9 | DETERMINE PH OF BILIARY/PANCREATIC SECRETIONS |
| 10 | DETERMINE PH AND CHLORINE CONTENT OF SWIMMING POOLS |
| 11 | RUN TEST STANDARD TO CHECK ACCURACY OF EQUIPMENT |
| 12 | GOWN FOR STERILE PROCEDURE |
| 13 | SCRUB FOR SURGERY/STERILE PROCEDURE |
| 14 | GLOVE FOR STERILE PROCEDURE |
| 15 | TIE UP SURGICAL GOWN FOR SCRUBBED PERSONNEL |
| 16 | SET UP MAYO STAND WITH INSTRUMENTS |
| 17 | SET UP SURGICAL BACK TABLE WITH STERILE INSTRUMENTS/EQUIPMENT |
| 18 | SET UP SUTURE BOOK/TOWEL |
| 19 | PASS STERILE DRAPE TO SURGEON |
| 20 | PASS INSTRUMENTS TO PHYSICIAN |
| 21 | CLAMP BLOOD VESSELS |
| 22 | TIE SUTURES/LIGATURES FOR HEMOSTASIS |
| 23 | CUT TISSUE AS DIRECTED BY SURGEON |
| 24 | POSITION/HOLD RETRACTORS TO MAINTAIN OPEN INCISION |
| 25 | REMOVE FLUID FROM SURGICAL SITE WITH SPONGES OR SUCTION |

GO TO RIGHT HAND PAGE

| TASK NO. | ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 20 OF RESPONSE BOOKLET |
|----------|----------------------------------------------------------------------------------------------|
| 26 | CUT SUTURES AT SURGICAL SITE |
| 27 | PASS STERILE ACCESSORIES, EQUIPMENT, E.G. TUBING, CORD TO CIRCULATOR FOR CONNECTION |
| 28 | PASS STERILE MATERIALS, EQUIPMENT, MEDICATION, TO PERSONNEL PERFORMING STERILE PROCEDURE |
| 29 | OBTAIN EQUIPMENT, MEDICATIONS, INSTRUMENTS P.R.N. FOR PERSONNEL PERFORMING STERILE PROCEDURE |
| 30 | POUR STERILE SOLUTION, E.G. STERILE WATER, SALINE |
| 31 | LABEL MEDICINE GLASSES WITH NAME AND AMOUNT OF DRUG FOR STERILE FIELD |
| 32 | HOLD VIALS/AMPULES OF DRUGS FOR USE AND DRUG VERIFICATION DURING STERILE PROCEDURE |
| 33 | COUNT NEEDLES/INSTRUMENTS PRE/POST SURGERY |
| 34 | FLASH STERILIZE INSTRUMENTS |
| 35 | ARRANGE FURNITURE/SET UP EQUIPMENT/SUPPLIES FOR PROCEDURE, E.G. EXAM, TREATMENT |
| 36 | CHECK PERSONNEL FOR REQUIRED ATTIRE FOR ENTRY/EXIT FROM DEPARTMENT |
| 37 | ASSIST PEOPLE IN FINDING CLINICS AND SPACES |
| 38 | LOG IN PATIENTS TO CLINIC/DEPARTMENT/SICK CALL |
| 39 | INSTRUCT OR HELP PATIENT/FAMILY FILL OUT FORMS |
| 40 | ENTER PATIENT IDENTIFICATION INFORMATION ONTO REPORTS/RECORDS |
| 41 | DETERMINE ELIGIBILITY OF INDIVIDUALS TO RECEIVE HEALTH CARE IN ACCORDANCE WITH REGULATIONS |
| 42 | SCREEN VISITORS FOR PATIENTS IN LINE WITH SPECIFIED REGULATIONS/ORDERS |
| 43 | ANSWER TELEPHONE/TAKE MESSAGES, MEMOS |
| 44 | MAINTAIN A SET OF REFERENCE BOOKS/MANUALS/PUBLICATIONS |
| 45 | DO ROUTINE FILING |
| 46 | REVIEW INCOMING MESSAGES/MEMOS |
| 47 | SORT/FORWARD MAIL |
| 48 | COMPILE/UPDATE MAILING/ADDRESS LIST |
| 49 | TYPE |
| 50 | LOCATE MISPLACED CHARTS/HEALTH RECORDS |

TASK NO. ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 21
OF RESPONSE BOOKLET

- 1 PLACE SPECIAL TREATMENT TAGS OVER/ON REOS, E.G. FASTING, FORCE FLUIDS
- 2 PREPARE REQUEST FORM FOR PHOTOGRAPHIC/PRINTING SERVICES
- 3 ENSURE THAT PATIENTS LOG IN AND OUT OF DEPARTMENT
- 4 MAINTAIN BLANK (STANDARD) FORMS CONTROL
- 5 STUFF, THIN AND PULL PATIENT'S CHART
- 6 ASSEMBLE PATIENT CHART, RECORDS, PAPERWORK FOR NEW ADMISSION/ DISCHARGE/TRANSFER
- 7 TRANSCRIBE PHYSICIAN'S ORDERS
- 8 MAINTAIN CARDEX FILE/SYSTEM
- 9 PREPARE REQUISITIONS FOR DIAGNOSTIC PROCEDURES, E.G. LAB, EEG
- 10 OBTAIN PATIENT'S PAST HOSPITALIZATION RECORDS/X-RAYS
- 11 FILE COMPLETED/RETURNED CHITS/REPORTS IN PATIENT RECORD
- 12 CUT AND MOUNT ECG STRIPS
- 13 PREPARE MISCELLANEOUS CHITS, E.G., SPECIAL REQUESTS, CHECK CHITS
- 14 ASSEMBLE CHART, REQUISITIONS FOR PHYSICAL EXAMINATION
- 15 PREPARE/ASSEMBLE MEDICAL BOARD REPORTS FOR COMPLETION
- 16 PREPARE NECESSARY PAPERWORK FOR PHYSICAL EVALUATION REBUTTAL
- 17 PREPARE PERSONAL EFFECTS REPORT/REQUIRED DOCUMENT/PAPERWORK WHEN DEATH OCCURS
- 18 DRAFT WARD/CLINIC ACCIDENT/INCIDENT REPORTS, I.E. WORK INJURY REPORTS FOR PATIENTS OR STAFF
- 19 OBTAIN CONSENTS FOR PROCEDURES/AUTOPSY
- 20 OBTAIN/WITNESS PATIENT'S SIGNATURE FOR RELEASE OF MEDICAL INFORMATION, E.G., X-RAYS, RECORDS
- 21 ASSEMBLE PATIENT CHART, RECORDS, X-RAYS FOR PRE-OP
- 22 COMPLETE/VERIFY PRE-OP CHECK OFF LIST
- 23 GRAPH PATIENT DATA, E.G., VITAL SIGNS, I AND O
- 24 RECORD ADMINISTRATION OF MEDICATION ON PATIENT HEALTH RECORD
- 25 CROSS CHECK MEDICATION AND TREATMENT CARDS WITH CARDEX

| TASK NO. | ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 21 OF RESPONSE BOOKLET |
|----------|------------------------------------------------------------------------------------|
| 26 | CHECK RECORDS FOR UP-TO-DATE IMMUNIZATIONS/X-RAYS/PHYSICALS |
| 27 | CHECK CONSULTATION REQUESTS TO INSURE THE CORRECT STUDY IS TO BE CARRIED OUT |
| 28 | REVIEW AND FOLLOW THROUGH ON COMPLETED CONSULT REPORTS |
| 29 | CHECK PATIENTS CHART/HEALTH RECORD FOR COMPLETENESS OF FORMS/REPORTS/RECORDS |
| 30 | RECORD PHYSICIAN EXAMINATION FINDINGS |
| 31 | PREPARE REPORT/FEEDER REPORT ON NUMBERS OF INPATIENT/OUTPATIENT SERVICES PERFORMED |
| 32 | MAINTAIN DAILY RECORDS ON PATIENT PROCEDURES/EXAMINATIONS PERFORMED |
| 33 | INFORM HOSPITAL AUTHORITIES OF PATIENTS CONDITION |
| 34 | PREPARE WARD REPORT |
| 35 | MAKE ENTRIES ONTO TWENTY-FOUR HOUR NURSING REPORT |
| 36 | PREPARE LEAVE REQUEST FORMS |
| 37 | PREPARE MUSTER REPORT |
| 38 | PREPARE PATIENT LIBERTY LIST |
| 39 | PREPARE WORK ORDERS/WORK REQUESTS |
| 40 | LOG STAFF HOSPITALIZATIONS |
| 41 | ARRANGE FOR SPECIAL OR LATE MEALS FOR PATIENTS/VISITOR/STAFF |
| 42 | PREPARE/UPDATE DIET LIST |
| 43 | COMPILE DISASTER CONTROL LIST/CARD |
| 44 | SUPERVISE THE HANDLING OF HEALTH RECORDS |
| 45 | EVALUATE THE ADEQUACY/EFFECTIVENESS OF ROUTINE REPORTS |
| 46 | PREPARE REPORTS FOR TRANSMITTAL TO OTHER COMMANDS |
| 47 | MAINTAIN NAVY DIRECTIVES ISSUANCE SYSTEM (INSTRUCTIONS AND NOTICES) |
| 48 | TAKE ACTION ON NAVY DIRECTIVES, I.E. INSTRUCTIONS AND NOTICES |
| 49 | REVIEW REPORTS/REQUESTS FOR PROPER PREPARATION AND COMPLETION |
| 50 | COORDINATE WITH HOSPITAL ON ADMISSION OF PATIENTS |

| TASK NO. | ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 22 OF RESPONSE BOOKLET |
|----------|---------------------------------------------------------------------------------------|
| 1 | PROCESS PATIENT ADMISSIONS/DISCHARGES/TRANSFERS |
| 2 | CONTACT OTHER DEPARTMENTS TO OBTAIN/COORDINATE PATIENT/PERSONNEL APPOINTMENTS |
| 3 | SCHEDULE APPOINTMENTS FOR CLINIC/DEPARTMENT, E.G., MAINTAIN APPOINTMENT BOOK |
| 4 | MAINTAIN CALL LIST TO FILL BROKEN/CANCELLED APPOINTMENTS |
| 5 | ADJUST/COORDINATE CHANGES IN PATIENT SCHEDULES AS NEEDED |
| 6 | COORDINATE PATIENT TRANSFER WITHIN HOSPITAL |
| 7 | COORDINATE PATIENT TRANSFER BETWEEN MEDICAL FACILITIES |
| 8 | ARRANGE TRANSPORTATION FOR PATIENTS/PERSONNEL |
| 9 | SUPERVISE PATIENT EVACUATION, E.G. ENSURE PATIENT IS MEDICALLY SECURED FOR TRANSPORT |
| 10 | COORDINATE MEDICAL EVACUATIONS |
| 11 | NOTIFY HEALTH AUTHORITIES OF PATIENT WITH COMMUNICABLE DISEASE |
| 12 | NOTIFY HEALTH AUTHORITIES OF ANIMAL BITE INCIDENTS |
| 13 | COORDINATE AMBULANCE REQUESTS |
| 14 | COORDINATE WITH HOSPITAL/DEPARTMENT SUPPORT SERVICES, E.G. SOCIAL SERVICES, RED CROSS |
| 15 | COORDINATE WITH OTHER DEPARTMENTS CONCERNING PROTOCOL VISITS/ CIVILIAN TOURS |
| 16 | REFER ONWARD TO THE PROPER PERSONNEL QUERIES FROM CIVILIAN ASSOCIATIONS/INDIVIDUALS |
| 17 | ESTABLISH LIAISON WITH CIVILIAN SPECIALISTS/CONSULTANTS |
| 18 | CONDUCT TOURS OF FACILITY FOR VISITORS |
| 19 | ALLOCATE LOCKERS |
| 20 | INVENTORY PATIENTS VALUABLES AND PLACE IN SAFEKEEPING |
| 21 | CARRY/STORE PATIENTS BAGGAGE |
| 22 | COORDINATE STORAGE OF PATIENTS BAGGAGE |
| 23 | PICK UP BLOOD FROM BLOOD BANK |
| 24 | PERFORM ADMINISTRATIVE ERRANDS, E.G. PICK-UP PAYCHECKS, DELIVER/ RETURN TIME CARDS |
| 25 | PICK UP/DELIVER MAIL/PACKAGES |

| TASK NO. | ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 22 OF RESPONSE BOOKLET |
|----------|-------------------------------------------------------------------------------------------------|
| 26 | PREPARE RADIOGRAPHS FOR VIEWING BY DOCTOR |
| 27 | DISTRIBUTE/COLLECT MENUS |
| 28 | DISTRIBUTE/COLLECT MEAL TRAYS |
| 29 | CARRY OUT OFFICE/AREA/UNIT SECURITY MEASURES |
| 30 | GIVE FAMILIARIZATION BRIEFINGS TO NEWLY ARRIVING PERSONNEL |
| 31 | MAKE RECOMMENDATIONS ON/APPROVE/DISAPPROVE PERSONNEL REQUESTS TO ATTEND MEETINGS/CONFERENCES |
| 32 | CONDUCT STAFF MEETINGS TO DISCUSS PLANS/ACTIVITIES/PROBLEMS |
| 33 | DOCUMENT NEW OR CHANGED PROCEDURES |
| 34 | CONSULT WITH STAFF TO DESIGN/AMEND/UPDATE PROCEDURES /TECHNIQUES |
| 35 | PREPARE STANDING OPERATING PROCEDURES, GUIDES AND INSTRUCTIONS FOR USE BY PERSONNEL |
| 36 | INITIATE NEW OR CHANGED TECHNICAL PROCEDURES |
| 37 | COMPOSE/DRAFT AN AGENDA FOR STAFF MEETINGS |
| 38 | WRITE/ENTER INTO LOG MINUTES/NOTES OF MEETINGS |
| 39 | KEEP PERSONNEL INFORMED OF ADMINISTRATIVE COMMUNICATION CHANGES |
| 40 | MAINTAIN ATTENDANCE RECORDS |
| 41 | ASSIGN WORK TO PATIENTS |
| 42 | ARRANGE TIME/DETAIL SCHEDULES |
| 43 | MAINTAIN DUTY/CALL/EMERGENCY RECALL ROSTER |
| 44 | ADJUST DAILY ASSIGNMENT SHEET/WORK SCHEDULE AS NEEDED |
| 45 | ASSIGN PERSONNEL TO DUTIES/WORK ACCORDING TO SCHEDULE |
| 46 | DETERMINE DUTIES FOR PERSONNEL |
| 47 | RELIEVE OTHERS FOR LUNCH/COFFEE BREAKS |
| 48 | REQUEST/RECOMMEND ADDITIONAL PERSONNEL WHEN REQUIRED |
| 49 | ROTATE PERSONNEL DUTIES, E.G. FOR EXPERIENCE/VARIETY |
| 50 | PLAN FOR OVERTIME/LEAVE/LIBERTY/TIME OFF |

TURN PAGE

| TASK NO. | ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 23 OF RESPONSE BOOKLET |
|----------|-------------------------------------------------------------------------------------------------|
| 1 | DELEGATE TYPING TASKS |
| 2 | ENSURE THAT ALL PERSONNEL MAINTAIN PROPER MILITARY BEARING, E.G. CLEANLINESS, ATTIRE |
| 3 | INTERVIEW/COUNSEL/ADVISE STAFF |
| 4 | COUNSEL PERSONNEL/TRAINEES ON CAREER PLANS, E.G. AVAILABILITY OF EDUCATIONAL PROGRAMS |
| 5 | GIVE DIRECT SUPERVISION TO CORPSMEN/TECHNICIANS |
| 6 | GIVE DIRECT SUPERVISION FOR THE PREPARATION OF REQUISITIONS/PURCHASE ORDERS/WORK REQUESTS |
| 7 | REVIEW SUGGESTIONS AND COMPLAINTS FROM PERSONNEL |
| 8 | REVIEW/COMMENT ON/FORWARD PERSONNEL REQUESTS/MEMOS/LETTERS |
| 9 | EVALUATE THE PERFORMANCE OF PERSONNEL |
| 10 | RECOMMEND DISCIPLINARY ACTION FOR PERSONNEL AS REQUIRED |
| 11 | RECOMMEND PERSONNEL FOR REASSIGNMENT, I.E. NEW COMMAND |
| 12 | RECOMMEND PERSONNEL FOR EDUCATION/TRAINING |
| 13 | CARRY OUT WORK SIMPLIFICATION OR WORK MEASUREMENT STUDIES, E.G. TIME AND MOTION, JOB ENRICHMENT |
| 14 | DEVELOP IMPROVED WORK METHODS AND PROCEDURES |
| 15 | SET UP/BREAK DOWN CLASSROOM DEMONSTRATIONS/TEACHING AIDS |
| 16 | ARRANGE FOR USE OF LECTURE/TEACHING/DEMONSTRATION AIDS AND EQUIPMENT |
| 17 | COORDINATE/ARRANGE FOR USE OF ROOMS, E.G. LECTURES, CONFERENCE |
| 18 | REQUISITION TRAINING AIDS FROM OTHER HOSPITALS/CLINICS OR CIVILIAN/GOVERNMENT HEALTH FACILITIES |
| 19 | APPROVE REQUESTS FOR TRAINING AIDS/MATERIALS/BOOKS |
| 20 | DESIGN TRAINING AIDS, ILLUSTRATIONS, GRAPHICS |
| 21 | LEAD DISCUSSION ON MEDICAL TOPICS DURING UNIT'S CLASSES/CONFERENCES |
| 22 | GIVE FIRST AID INSTRUCTION |
| 23 | INSTRUCT NON-MEDICAL PERSONNEL IN HEALTH SUBJECTS |
| 24 | LECTURE/ORIENT PERSONNEL ON DENTAL CARE AND HYGIENE |
| 25 | LECTURE/ORIENT PERSONNEL ON VD AND OTHER SOCIAL DISEASES |

GO TO RIGHT HAND PAGE

| TASK NO. | ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 23 OF RESPONSE BOOKLET |
|----------|--------------------------------------------------------------------------------------------|
| 26 | INSTRUCT ON PERSONAL HYGIENE |
| 27 | SCHEDULE LECTURES |
| 28 | PLAN CONFERENCES FOR STUDENTS DURING PRACTICAL TRAINING |
| 29 | SELECT TOPICS FOR STAFF LECTURE SERIES |
| 30 | CONDUCT SEMINARS |
| 31 | SUGGEST TOPICS FOR CLASSES/CONFERENCES |
| 32 | WRITE REPORTS FOR CLASSES/CONFERENCES |
| 33 | DEMONSTRATE NEW EQUIPMENT OR PRODUCTS TO STUDENTS/STAFF |
| 34 | DEMONSTRATE CLINICAL PROCEDURES USING PATIENT/SUBJECT |
| 35 | PERFORM CLASSROOM DEMONSTRATIONS |
| 36 | SELECT WORK EXPERIENCES FOR STUDENT/TRAINEE |
| 37 | DECIDE WHEN TRAINEE IS CAPABLE OF PERFORMING A PROCEDURE WITHOUT DIRECT SUPERVISION |
| 38 | CHECK INDIVIDUAL'S PROGRESS DURING OJT |
| 39 | MAINTAIN RECORD OF TRAINEE'S EXPERIENCE IN OJT PROGRAM, E.G. COURSES, PRACTICAL EXPERIENCE |
| 40 | POST/ENTER TRAINING INFORMATION INTO INDIVIDUAL RECORDS |
| 41 | EVALUATE EFFECTIVENESS OF UNIT'S OJT PROGRAM |
| 42 | PLAN CONTENT FOR OJT PROGRAM |
| 43 | ORIENT TRAINEES/STUDENTS TO PROGRAM, I.E. OBJECTIVES OF PROGRAM, CLASS SCHEDULE |
| 44 | PLAN/WRITE STUDENTS ROTATION SCHEDULE |
| 45 | EVALUATE TEACHER EFFECTIVENESS |
| 46 | EVALUATE CLASSROOM/CLINICAL INSTRUCTIONAL TECHNIQUES |
| 47 | EVALUATE INSTRUCTIONAL MATERIAL FOR CONTENT |
| 48 | EVALUATE NURSING CARE PROCEDURES/STANDARDS |
| 49 | USE AND EVALUATE NEW EQUIPMENT/MATERIAL (USER-TRIAL) |
| 50 | CALIBRATE/TEST EXPERIMENTAL EQUIPMENT/APPARATUS |

| TASK NO. | ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 24 OF RESPONSE BOOKLET |
|----------|------------------------------------------------------------------------------------|
| 1 | BUILD SPECIAL EQUIPMENT/DEVICES FOR RESEARCH |
| 2 | RECORD/MAINTAIN RECORDS OF EXPERIMENTAL FINDINGS/TESTS |
| 3 | COMPILE EXPERIMENTAL DATA FOR REPORTS |
| 4 | CONDUCT RESEARCH LITERATURE SEARCH/SURVEY |
| 5 | CORRESPOND/VISIT WITH LIKE-FIELD RESEARCHERS/LABS |
| 6 | GIVE BRIEFINGS ON RESEARCH IN PROGRESS/RESULTS |
| 7 | ACT AS OBSERVER OF EXPERIMENTAL SUBJECTS/ANIMALS |
| 8 | CHECK DRUGS FOR SUPPLY NEEDS |
| 9 | ORDER STOCK MEDICATIONS FROM PHARMACY |
| 10 | ORDER NARCOTICS AND CONTROLLED DRUGS FROM THE PHARMACY |
| 11 | CHECK REQUISITIONS AGAINST DRUG ISSUES |
| 12 | CONTROL DISTRIBUTION OF NARCOTICS, I.E. CARRY UNIT NARCOTICS KEY |
| 13 | COMPILE LIST OF OUTSTANDING WARD NARCOTICS |
| 14 | SEARCH FOR UNACCOUNTABLE WARD/CLINIC NARCOTICS/CONTROLLED DRUGS |
| 15 | CHECK/COUNT NARCOTICS/CONTROLLED DRUGS |
| 16 | SIGN FOR NARCOTICS AND RESTRICTED DRUGS |
| 17 | MAINTAIN/ACCOUNT FOR BULK ALCOHOL |
| 18 | MAKE ENTRIES ON NAVMED 6710/1 (NARCOTIC AND CONTROLLED DRUG ACCOUNT RECORD) |
| 19 | MAKE ENTRIES INTO CONTROLLED DRUG/ALCOHOL LOG |
| 20 | DELIVER NARCOTICS/CONTROLLED DRUGS/ALCOHOL TO WARD/CLINIC/OTHER DEPARTMENTS |
| 21 | DO AN INVENTORY OF DRUGS OTHER THAN NARCOTICS AND CONTROLLED DRUGS |
| 22 | DISPOSE OF/RETURN MEDICATIONS/DRUGS WHOSE SHELF-LIFE HAS EXPIRED |
| 23 | DISPOSE OF MEDICATIONS PREPARED BUT NOT ADMINISTERED |
| 24 | DISPOSE/REPACK UNCLAIMED MEDICATIONS/DRUGS |
| 25 | ROTATE PHARMACEUTICAL STOCKS TO INSURE FRESHNESS AND POTENCY |

| TASK NO. | ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 24 OF RESPONSE BOOKLET |
|----------|-----------------------------------------------------------------------------------------------|
| 26 | MONITOR EXPIRATION DATED PHARMACEUTICALS |
| 27 | CHECK DRUGS FOR VISIBLE CONTAMINATION/DETERIORATION, E.G. CLOUDINESS, COLOR CHANGE |
| 28 | DETERMINE EXPIRATION DATE OF LOCALLY COMPOUNDED PHARMACEUTICALS |
| 29 | INSPECT DRUG STORAGE IN WARD/CLINIC/DEPARTMENT |
| 30 | PREPARE AND MAINTAIN ANTIDOTE SECTION/LOCKER |
| 31 | MAINTAIN SUPPLY LEVEL OF IN-DATED ANTI-SERAS |
| 32 | SAFEGUARD POISONS |
| 33 | CLASSIFY AND STORE DRUGS |
| 34 | STOCK ANESTHETIC CART |
| 35 | PREPARE MEDICATIONS AND RECORDS FOR PATIENT IN FLIGHT |
| 36 | DETERMINE STORAGE AREA FOR NARCOTICS/CONTROLLED DRUGS |
| 37 | NEGOTIATE WITH CIVILIAN SUPPLIERS REGARDING NEW DRUGS |
| 38 | MAKE RECOMMENDATIONS ON PURCHASE/REPLACEMENT OF EQUIPMENT/ SUPPLIES |
| 39 | MAKE LOCAL (OPEN) PURCHASE OF SUPPLIES |
| 40 | PREPARE REQUISITIONS FOR SUPPLIES/EQUIPMENT |
| 41 | ORDER SUPPLIES/EQUIPMENT THROUGH FEDERAL SUPPLY SYSTEM |
| 42 | CHECK/LOCATE/IDENTIFY PART NUMBERS FROM CATALOGUES/MANUALS |
| 43 | PREPARE PAPERWORK FOR EQUIPMENT REPAIR/MAINTENANCE |
| 44 | PREPARE PAPERWORK FOR RETURN OF DAMAGED MATERIALS/SUPPLIES/ EQUIPMENT |
| 45 | VERIFY AND CO-SIGN INVENTORY |
| 46 | DO SUPPLY/EQUIPMENT INVENTORY |
| 47 | PREPARE INVENTORY REPORTS |
| 48 | MAINTAIN A SUPPLY (EQUIPMENT, MATERIALS) INVENTORY SYSTEM |
| 49 | TRANSPORT STERILE EQUIPMENT/SUPPLIES, RETURN DIRTY OR EXPIRED ITEMS TO CENTRAL SUPPLY ROOM |
| 50 | ISSUE SUPPLIES/INSTRUMENTS/EQUIPMENT/MATERIALS |

| TASK NO. | ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 25 OF RESPONSE BOOKLET |
|----------|-----------------------------------------------------------------------------------|
| 1 | VERIFY/SIGN OFF ON REQUISITIONS/RECEIPTS FOR SUPPLIES/EQUIPMENT/MATERIAL |
| 2 | COORDINATE ON EQUIPMENT LOANS, BORROWING OF MEDICAL/DENTAL SUPPLIES/TRAINING AIDS |
| 3 | MAINTAIN PROPERTY CUSTODY CARDS FOR EQUIPMENT |
| 4 | COORDINATE LOADING AND UNLOADING OF EQUIPMENT |
| 5 | DETERMINE CORRECT NUMBER OF TABLES/STRETCHERS FOR PATIENTS |
| 6 | COORDINATE WITH MANUFACTURERS/CONTRACTORS FOR EQUIPMENT REPAIR/MAINTENANCE |
| 7 | APPROVE/DISAPPROVE NEW EQUIPMENT REQUESTS |
| 8 | ASSIGN SPACE FOR EQUIPMENT AND SUPPLIES |
| 9 | DETERMINE THE PHYSICAL LAYOUT OF WORK AREA FURNITURE/EQUIPMENT |
| 10 | PICK UP/DELIVER EQUIPMENT |
| 11 | UNPACK EQUIPMENT |
| 12 | STORE SUPPLIES |
| 13 | MAINTAIN STOCK OF SUPPLIES/MATERIALS/SPARE PARTS FOR UNIT |
| 14 | MAINTAIN STOCK OF STERILE SUPPLIES |
| 15 | MAINTAIN UNIT/WARD/SECTION FIRST AID AND EMERGENCY EQUIPMENT |
| 16 | MAINTAIN STOCK OF CHEMICAL SOLUTIONS |
| 17 | STORE INSTRUMENTS |
| 18 | CHECK INSTRUMENTS AND SUPPLIES FOR STERILIZATION INDICATORS |
| 19 | CHECK PRESSURIZED TANKS FOR QUANTITY OF GAS, E.G. OXYGEN, HELIUM |
| 20 | ROTATE INVENTORY |
| 21 | DISPOSE OF SUPPLIES/INSTRUMENTS/EQUIPMENT AFTER TIME LIMIT/EXPIRATION DATE |
| 22 | INSPECT SUPPLIES/EQUIPMENT FOR ACCEPTABILITY/DAMAGE/LOSS/PILFERAGE |
| 23 | INSPECT THAT SUPPLIES/MATERIALS/EQUIPMENT ARE STORED PROPERLY |
| 24 | EVALUATE THE MAINTENANCE AND USE OF SUPPLIES, EQUIPMENT AND WORK SPACE |
| 25 | ESTABLISH SUPPLY USAGE RATE |

GO TO RIGHT HAND PAGE

| TASK NO. | ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 25 OF RESPONSE BOOKLET |
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| 26 | SUPERVISE ROUTINE EQUIPMENT MAINTENANCE FOR SECTION/UNIT |
| 27 | DETERMINE IF EQUIPMENT NEEDS REPAIR/SERVICE |
| 28 | DO MINOR REPAIR ON EQUIPMENT |
| 29 | ATTACH IDENTIFYING TAG TO COMPONENTS/EQUIPMENT |
| 30 | MODIFY EQUIPMENT FOR NON-STANDARD USAGE |
| 31 | DO FOLDING, WRAPPING AND STORING OF LAUNDRY/LINEN |
| 32 | MAINTAIN INVENTORY/STOCK OF EQUIPMENT/FURNITURE |
| 33 | PACKAGE (WRAP/DATE/LABEL) STERILE SUPPLIES |
| 34 | PREPARE RUBBER GOODS FOR STERILIZATION |
| 35 | BREAK DOWN SURGICAL INSTRUMENTS FOR POST OPERATIVE CLEANING |
| 36 | DISINFECT INSTRUMENTS/MATERIALS/EQUIPMENT |
| 37 | WASH GLASSWARE/INSTRUMENTS |
| 38 | MAKE UP STERILE TRAYS |
| 39 | SELECT/SET UP STANDARD INSTRUMENT TRAYS FOR SCHEDULED SURGERY |
| 40 | ESTABLISH/MAINTAIN SUTURE/INSTRUMENT TRAY CARDS |
| 41 | DETERMINE METHOD OF STERILIZATION FOR INSTRUMENTS/EQUIPMENT |
| 42 | REPLENISH SOLUTIONS |
| 43 | DETERMINE/SELECT AGENTS/PROCESSES FOR EQUIPMENT/INSTRUMENT STERILIZATION |
| 44 | TEST AUTOCLAVE EFFECTIVENESS WITH CULTURE STRIPS |
| 45 | PREPARE NORMAL SALINE SOLUTION |
| 46 | PREPARE DISTILLED WATER |
| 47 | SELECT/SET UP INSTRUMENTS FOR SMALL PACKS |
| 48 | DO HOUSEKEEPING/CLEANING DUTIES |
| 49 | ARRANGE FOR HOUSEKEEPING/CLEANLINESS OF AREA |
| 50 | CLEAN AND ARRANGE BEDSIDE UNITS |

TURN PAGE

| TASK NO. | ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 26 OF RESPONSE BOOKLET |
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| 1 | CHANGE LINENS, E.G. BED, EXAM TABLES, BEDSIDE CURTAIN |
| 2 | MONITOR PATIENT CLOTHING, LINEN, AND WASTES FOR RADIOACTIVE CONTAMINATION FOLLOWING RI THERAPY |
| 3 | INSPECT SPACES FOR CLEANLINESS |
| 4 | PREPARE ISOLATION ROOM FOR PATIENT |
| 5 | CLEAN AND DISINFECT WORKING AREA |
| 6 | DO TERMINAL CLEANING AND DISINFECTING OF ISOLATION ROOM/AREA |
| 7 | DO CLEANING OF PATIENT'S UNIT FOLLOWING DISCHARGE/TRANSFER/DEATH |
| 8 | PACK/WRAP ALL EQUIPMENT/SUPPLIES/REFUSE FROM ISOLATION UNITS BEFORE REMOVAL |
| 9 | REVIEW AND EVALUATE ASEPTIC TECHNIQUES |
| 10 | FOG AREA WITH BACTERICIDE |
| 11 | INSPECT SHOWER FACILITIES |
| 12 | INSPECT TOILETS AND WASHROOMS |
| 13 | PROVIDE ADVICE ON IMPROVING HYGIENIC CONDITIONS |
| 14 | PERFORM FUMIGATION PROCEDURES |
| 15 | INSPECT COFFEE MESS/DINING ROOM |
| 16 | INSPECT FOOD STORAGE FACILITIES FOR SANITATION |
| 17 | CHECK FOOD IN REFRIGERATORS/MEAL TRAYS FOR FRESHNESS |
| 18 | ADJUST HEATING/VENTILATION ACCORDING TO WEATHER CONDITIONS |
| 19 | CHECK EQUIPMENT FOR ELECTRICAL HAZARDS AND GROUNDS |
| 20 | DO PERIODIC MECHANICAL SAFETY CHECKS ON POWER OPERATED EQUIPMENT |
| 21 | PERFORM ROUTINE SAFETY INSPECTIONS |
| 22 | CHECK COMPRESSED GAS TANKS FOR LEAK, E.G. OXYGEN |
| 23 | ADVISE PERSONNEL/PATIENT ON ROUTINE RADIATION SAFETY PRECAUTIONS |
| 24 | ENFORCE ACCIDENT PREVENTION MEASURES |
| 25 | ENSURE THAT SAFE INDUSTRIAL PRACTICES ARE ADHERED TO E.G. USE OF PROTECTIVE EYE GLASSES |

| TASK NO. | ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 26 OF RESPONSE BOOKLET |
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| 26 | SELECT TYPE OF PESTICIDE TO BE USED FOR EXTERMINATION |
| 27 | PREPARE RODENTICIDES AND INSECTICIDES FOR USE |
| 28 | PROVIDE ADVICE ON FOOD EDIBILITY/WATER POTABILITY |
| 29 | DO CHLORINATION OF DRINKING WATER |
| 30 | RECOMMEND ACTION TO BE TAKEN ON SUSPECTED EPIDEMIOLOGICAL PROBLEM |
| 31 | PARTICIPATE IN JOINT DISASTER EXERCISES OR MANEUVERS |
| 32 | PARTICIPATE IN EMERGENCY EVACUATION DRILLS |
| 33 | CLEAN BARRACKS OR CREW'S QUARTERS |
| 34 | DO CLEANING/DEFROSTING REFRIGERATOR AS REQUIRED |
| 35 | OPERATE ELEVATOR |
| 36 | STAND WATCH IN MEDICAL LIBRARY |
| 37 | STAND WATCH IN MEDICAL RECORDS |
| 38 | STAND FIRE/SECURITY/BARRACKS WATCH |
| 39 | TRANSPORT LAUNDRY TO/FROM LAUNDRY ROOM |
| 40 | COLLECT/REMOVE TRASH/GARBAGE |
| 41 | DRIVE AMBULANCES OR AMBULANCE BUSES |
| 42 | SERVE AS CHAUFFEUR FOR VISITORS OR VIPS |
| 43 | PERFORM DAILY MAINTENANCE INSPECTION OF WORKSPACES |
| 44 | PARTICIPATE IN FIRE FIGHTING DRILLS |
| 45 | PARTICIPATE IN HELO EXERCISES |
| 46 | STAND SPECIAL SECURITY WATCH FOR VIPS, PRISONERS |
| 47 | STAND WATCH AT INFORMATION DESK |
| 48 | STAND WATCH ON FEMALE/DEPENDENT WARD |
| 49 | WORK IN ROUTINE WORKING PARTIES, E.G. LOAD, UNLOAD, CLEAN, MAINTAIN GROUNDS |
| 50 | PAINT WALLS, CEILINGS, FURNITURE OR EQUIPMENT |

TURN PAGE

LEFT PAGE 27 GENERAL CORPSMAN TASK BOOKLET

TASK NO. ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 27
OF RESPONSE BOOKLET

1 PREPARE FOR INSPECTIONS

GO TO PART IIB

Part II B

LIST OF INSTRUMENTS AND EQUIPMENT

| TASK NO. | ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 28 OF RESPONSE BOOKLET |
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| 1 | COLLAPSIBLE LITTER |
| 2 | STRETCHER, PORTABLE (AMBULANCE) |
| 3 | GUPNEY CARTS |
| 4 | WHEEL CHAIR |
| 5 | HOSPITAL BEDS AND ACCESSORIES |
| 6 | BED CRADLES |
| 7 | STETHOSCOPE |
| 8 | SPHYGMOMANOMETER (BLOOD PRESSURE APPARATUS) |
| 9 | OPHTHALMOSCOPE |
| 10 | OTOSCOPE |
| 11 | SPECULUM, EAR |
| 12 | THERMOMETER, CLINICAL |
| 13 | LARYNGOSCOPE/ACCESSORIES |
| 14 | PERCUSSION HAMMER |
| 15 | CLINICAL WEIGHT AND HEIGHT SCALES |
| 16 | SYRINGE/NEEDLES |
| 17 | MULTIPLE INJECTION JET IMMUNIZATION GUN |
| 18 | SCALE, BED, RENAL |
| 19 | ELECTRIC THERMOMETER, E.G. IVAC, K-PROBE |
| 20 | SUCTION MACHINE, WALL UNIT |
| 21 | GOMCO SUCTION MACHINE |
| 22 | EMERSON SUCTION MACHINE |
| 23 | ASPIRATOR, PORTABLE |
| 24 | AQUAMATIC K-PAC MACHINE |
| 25 | HYDROCOLLATOR MACHINE |

GO TO RIGHT HAND PAGE

| TASK NO. | ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 29 OF RESPONSE BOOKLET |
|----------|-------------------------------------------------------------------------------------|
| 26 | ALTERNATING PRESSURE PAD AND MATTRESS |
| 27 | FLESH PAD/FAT PAD |
| 28 | GEL FOAM MATTRESS |
| 29 | SITZ BATH |
| 30 | HEAT LAMP |
| 31 | INFRA RED LAMP |
| 32 | FOLEY BAG AND TUBING |
| 33 | URO SHEATH/EXTERNAL CATHETER |
| 34 | HEMOVAC |
| 35 | COLOSTOMY, ILEOSTOMY, URETEROSTOMY BAGS |
| 36 | CHEST BOTTLE AND TUBING |
| 37 | DEPILATORY, E.G. SURGEX |
| 38 | IVAC AUTOMATIC I.V. DROPS/MINUTE COUNTER |
| 39 | SOLU-SET, HEMO-SET |
| 40 | AUTOMATIC I.V. INJECTOR, E.G. HARVARD |
| 41 | BLOOD PUMP |
| 42 | CVP MANOMETER |
| 43 | SCALES, DIETETIC |
| 44 | COLOR VISION PLATES, E.G. PIP |
| 45 | PROJECTOR LAMP FOR SNELLEN CHARTS |
| 46 | EYE CHART, DISTANCE AND NEAR |
| 47 | ULTRAVIOLET LAMP, DERMATOLOGY (DIAGNOSTIC) |
| 48 | ULTRAVIOLET LAMP, DERMATOLOGY (TREATMENT) |
| 49 | THERMOMETER TRAY |
| 50 | TRAY, OPERATING ROOM PREP |

TURN PAGE

| TASK NO. | ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 29 OF RESPONSE BOOKLET |
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| 1 | TRAY, CONTINUOUS G.U. IRRIGATION |
| 2 | MID-STREAM URINE KIT |
| 3 | CATHETERIZATION SET, URINARY |
| 4 | TRAY, CATHETER INDWELLING |
| 5 | IRRIGATION KIT |
| 6 | SUTURE REMOVAL SET |
| 7 | TRAY, CLIP REMOVAL |
| 8 | SUTURE (S & D) TRAY |
| 9 | TRAY, WET COMPRESSS |
| 10 | DRESSINGS (TRAY, CART, DRAWER) |
| 11 | PLASTIC DRESSING TRAY |
| 12 | BURN PACK |
| 13 | TRAY, EYE IRRIGATION |
| 14 | TRAY, ANAESTHETIC, LOCAL |
| 15 | TRAY, ANAESTHETIC SPINAL |
| 16 | EYE DRESSING TRAY |
| 17 | TRAY, IRRIGATION EAR |
| 18 | IMMUNIZATION KITS |
| 19 | FIRST AID KIT |
| 20 | EMERGENCY DRUG SUPPLY (KIT, BOX, DRAWER) |
| 21 | EMERGENCY CART (CRASH CART) |
| 22 | MASS CASUALTY AID KIT |
| 23 | TPAY, INCISION DRAINAGE |
| 24 | TRAY, JOINT ASPIRATION/INJECTION |
| 25 | CARDIAC ARREST TRAY/CART |

GO TO RIGHT HAND PAGE

| TASK NO. | ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 29 OF RESPONSE BOOKLET |
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| 26 | CVP (VENOUS PRESSURE) TRAY |
| 27 | CHEST TUBE TRAY |
| 28 | PACEMAKER PACK |
| 29 | TRAY, LUMBAR PUNCTURE |
| 30 | TRAY, TRACHEOTOMY |
| 31 | TRACHEOTOMY CARE TRAY |
| 32 | INSTRUMENT TRAY, MINOR SURGERY |
| 33 | TRAY, SKIN BIOPSY |
| 34 | KIDNEY BIOPSY TRAY |
| 35 | LIVER BIOPSY TRAY |
| 36 | TRAY, MUSCLE BIOPSY |
| 37 | PARACENTESIS TRAY |
| 38 | PHLEBOTOMY TRAY |
| 39 | ISMP (BONE MARROW) TRAY |
| 40 | THORACENTESIS TRAY |
| 41 | PERITONEAL DIALYSIS TRAY |
| 42 | SMALL BOWEL BIOPSY TRAY |
| 43 | T & A BLEEDER TRAY |
| 44 | NASAL BLEEDER TRAY |
| 45 | NASAL FRACTURE SET |
| 46 | TYPEWRITER |
| 47 | ADDRESSOGRAPH MACHINE, MANUAL |
| 48 | DEFIBRILLATOR, PORTABLE |
| 49 | DEFIBRILLATOR COMPLETE WITH SCOPE SYNCHRONIZER |
| 50 | ELECTROCARDIOGRAPH (EKG) APPARATUS |

TURN PAGE

TASK NO. ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 30
OF RESPONSE BOOKLET

- 1 ELECTROENCEPHALOGRAPH (EEG) APPARATUS
- 2 PACEMAKER ELECTRODYNE AND MONITOR PM 65
- 3 III PACEMAKER ELECTRODYNE TRANSISTOR MODEL TD 3
- 4 PACEMAKER EXTERNAL
- 5 PACEMAKER INTERNAL
- 6 HYPO-HYPER-THERMIA MACHINE
- 7 HYPOTHERMIA BLANKET
- 8 CVP MONITOR (MODULE)
- 9 ARTERIOSONDE BLOOD PRESSURE MONITOR (MODULE)
- 10 PATHISOINOGRAPHY (MODULE)
- 11 DESK MONITORS AND SCOPE
- 12 ELECTRONIC CARDIAC MONITOR
- 13 REMOTE MONITOR TELEMEDICS RKG 100
- 14 CARDIAC MONITOR, PORTABLE MINISCOPE
- 15 EXTERNAL CARDIAC MASSAGER (THUMPER)
- 16 CARDIOVERTER
- 17 ROTATING TOURNIQUETS, ELECTRICAL
- 18 TRAVENAL ARTIFICIAL KIDNEY
- 19 ELECTRONIC KIDNEY MONITOR
- 20 ARTIFICIAL KIDNEY COILS AND BLOOD LINES
- 21 FLOW METER
- 22 OXYGEN CYLINDER/TANK, PORTABLE
- 23 OXYGEN, WALL UNIT
- 24 IPPB MACHINE (POSITIVE PRESSURE BREATHING APPARATUS)
- 25 VENTI MASKS (24%, 28%, 35%)

GO TO RIGHT HAND PAGE

TASK NO. ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 30
OF RESPONSE BOOKLET

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| 26 | RESPIRATOR, BENNETT |
| 27 | RESPIRATOR BIRD |
| 28 | RESPIRATOR, EMERSON |
| 29 | AMBU BAG (HOPE BAG) |
| 30 | AMBU MACHINE |
| 31 | RESPIRATOR, MONAGHAM PORTABLE |
| 32 | INHALATOR-ASPIRATOR (RESUSCITATOR) |
| 33 | PORTABLE IRON LUNG |
| 34 | ATOMIZER |
| 35 | COLD AIR HUMIDIFIER |
| 36 | MISTIFIER, E.G. PUPITAN |
| 37 | VAPORIZER |
| 38 | ULTRASONIC NEBULIZER |
| 39 | CROUP TENT |
| 40 | O2 PERCENT ANALYZER |
| 41 | CO2 ANALYZER |
| 42 | TRACH TUBES, PLASTIC WITH CUFF (PORTEX) |
| 43 | AIRWAYS |
| 44 | ENDOTRACHEAL TUBE |
| 45 | AIR SHIELDS, RESPIRATOR |
| 46 | COMPRESSED GAS TANKS/CYLINDERS (OTHER THAN OXYGEN) |
| 47 | TRACHEOTOMY TUBES, METAL |
| 48 | CIRCOELECTRIC BED |
| 49 | STRYKER FRAME |
| 50 | FOSTER FRAME |

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| TASK NO. | ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 31 OF RESPONSE BOOKLET |
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| 1 | BATH WHIRLPOOL ARM |
| 2 | BATH WHIRLPOOL LEG |
| 3 | TILT TABLE |
| 4 | GONIOMETER |
| 5 | CERVICAL COLLARS |
| 6 | BRACES (LEG, HAND, ARM) |
| 7 | CRUTCHES |
| 8 | WALKER |
| 9 | TRACTION MACHINE, INTERMITTENT |
| 10 | BALKAN FRAME |
| 11 | TRACTION EQUIPMENT , E.G. PULLEYS, WEIGHTS, BOWS, CORDS |
| 12 | THOMAS SPLINT AND ATTACHMENTS |
| 13 | CRUTCHFIELD/VINKE TONGS |
| 14 | LEG LENGTHENING DEVICES, E.G. STRYKER |
| 15 | STEINMAN PIN |
| 16 | TENSOR WRAPS |
| 17 | ORTHOPEDIC TABLES/ACCESSORIES |
| 18 | SPICA BODY TABLE |
| 19 | SHERLE-BOHLER BODY JACKET MACHINE |
| 20 | ALBEE COMPER TABLE |
| 21 | RISER TABLE |
| 22 | SAW, PLASTER CAST |
| 23 | FRACTURE SPLINTS |
| 24 | CAST CUTTERS |
| 25 | PLASTER CAST CART |

| TASK NO. | ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 31 OF RESPONSE BOOKLET |
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| 26 | CAST BANDERS |
| 27 | CAST MATERIALS, E.G. PLASTER ROLLS, SPLINTS, WEBRIL, FOAM RUBBER |
| 28 | FOOT PLATES |
| 29 | PROCESSING MACHINE, X-RAY FILM, AUTOMATIC |
| 30 | STATIONARY X-RAY UNIT |
| 31 | PORTABLE X-RAY UNIT |
| 32 | X-RAY DEVELOPER, MANUAL, DRY PROCESS |
| 33 | SIGMOIDOSCOPE |
| 34 | ESOPHAGOSCOPES (RIGID, FLEXIBLE) |
| 35 | GASTROSCOPES (RIGID, FLEXIBLE) |
| 36 | PERITONEOSCOPE |
| 37 | PROCTOSCOPE, RIGID |
| 38 | PROCTOSCOPE, PHOTOELECTRIC |
| 39 | ESOPHAGEAL DILATORS |
| 40 | CROSBY SMALL BOWEL BIOPSY CAPSULE |
| 41 | MENGHIN LIVER BIOPSY NEEDLE |
| 42 | DREILING GASTRO-DUODENAL TUBE |
| 43 | BLAKEMORE TUBE & TRACTION UNIT |
| 44 | NACHLAS TUBE |
| 45 | SENGSTAKEN TUBE |
| 46 | GASTRIC COOLING MACHINE |
| 47 | CROUPETTE |
| 48 | INFANT WARMER |
| 49 | ARMSTRONG INCUBATOR |
| 50 | ISOLETTE |

TURN PAGE

| TASK NO. | ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 32 OF RESPONSE BOOKLET |
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| 1 | ISOLETTE VAPORJETTE |
| 2 | INFANT RESPIRATOR |
| 3 | INFANT APNEA MONITOR |
| 4 | SCALES, INFANT |
| 5 | DELEE TRAP OR BULB SYRINGE |
| 6 | INFANT VAGINASCOPE |
| 7 | BOTTLE WASHER |
| 8 | TRAY, UMBILICAL CATHETERIZATION |
| 9 | EXCHANGE TRANSFUSION SET |
| 10 | BREAST PUMP |
| 11 | FETASCOPE |
| 12 | ELECTRIC FETASCOPE |
| 13 | DELIVERY FORCEPS |
| 14 | INSTRUMENT TRAY, DELIVERY |
| 15 | CERVICAL BIOPSY TRAY |
| 16 | IUD TRAY |
| 17 | RUBIN'S TRAY |
| 18 | HYSTEROSALPINGOGRAM TRAY |
| 19 | TUBAL INSUFFLATOR (RUBIN'S MACHINE) |
| 20 | VAGINAL EXAM INSTRUMENTS |
| 21 | ABORTION TRAY |
| 22 | AMNIOCENTESIS TRAY |
| 23 | EMERGENCY DELIVERY PACK |
| 24 | URINOMETER |
| 25 | PH METER |

GO TO RIGHT HAND PAGE

TASK NO. ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 32
OF RESPONSE BOOKLET

- 26 VOLUMETRIC GLASSWARE (OTHER THAN BURETS AND PIPETS)
- 27 STOP WATCH
- 28 COMPOUND MICROSCOPE
- 29 VACUTAINER BLOOD COLLECTING SYSTEM
- 30 MICRO HEMATOCRIT CENTRIFUGE AND READER
- 31 CENTRIFUGE, LABORATORY (FLOOR MODEL)
- 32 CENTRIFUGE, CLINICAL (TABLE MODEL)
- 33 IL BLOOD GAS ANALYZER
- 34 GAS BURNERS, E.G. BUNSEN
- 35 WATER TESTING KIT
- 36 PIPET
- 37 INSTRUMENT WASHER-STERILIZER
- 38 BED PAN STERILIZER
- 39 AUTOCLAVE, DRY HEAT
- 40 AUTOCLAVE, GAS
- 41 AUTOCLAVE, STEAM
- 42 FOGGING, APPARATUS, BIOLOGICAL
- 43 CLOSE CIRCUIT TV SYSTEM
- 44 MOVIE PROJECTOR/ACCESSORIES
- 45 SLIDE/FILM STRIP/STILL PROJECTOR
- 46 ADDING MACHINE
- 47 AMBULANCE
- 48 FIRE EXTINGUISHER
- 49 ELECTRIC DESK CALCULATOR
- 50 ELECTRONIC DATA PROCESSING EQUIPMENT

TURN PAGE

TASK NO. ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 33
OF RESPONSE BOOKLET

1 AUTOMATIC DATA PROCESSING EQUIPMENT

END OF TASK BOOKLET